FILED
Apr 18, 2008 8:00 am
Secretary of State

03-31-2008 90032 026 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3.

DOCUMENT # S03037

1. Entity Name
MORGENSTERN, PHIFER & MESSINA, P.A., CERTIFIED PUBLIC ACCOUNTANTS

Principal Place of Business	Mailing Address
101 EAST KENNEDY BLVD. 1480 TAMPA, FL 33602	101 EAST KENNEDY BLVD. 1480 TAMPA, FL 33602

66007229

01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3029972 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGENSTERN, LLOYD J
101 EAST KENNEDY BLVD.
1480
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORGENSTERN, LLOYD J
STREET ADDRESS	101 E. KENNEDY BLVD #1480
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	S
NAME	PHIFER, STEPHEN C
STREET ADDRESS	101 E. KENNEDY BLVD #1480
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	T
NAME	MESSINA, MICHAEL P
STREET ADDRESS	101 E. KENNEDY BLVD #1480
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen C. Phifer STEPHEN C. PHIFER 4/16/08 813-222-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #