

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30687

FILED
Mar 22, 2007
Secretary of State

Entity Name: THE FONE CONNECTION OF TAMPA BAY, INC.

Current Principal Place of Business:

2011 CLEVELAND ST.
CLEVELAND PARK, SUITE A
TAMPA, FL 33606

New Principal Place of Business:

2708 AZEELE
TAMPA, FL 33609

Current Mailing Address:

2011 CLEVELAND ST.
CLEVELAND PARK, SUITE A
TAMPA, FL 33606

New Mailing Address:

2708 AZEELE
TAMPA, FL 33609

FEI Number: 59-3115851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, BRUCE S.
220 EAST MADISON ST.
SUITE 724
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEZRAH, JACK MD
Address: 5007 SAN MIGUEL
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: MEZRAH, ALLAN
Address: 5007 SAN MIGUEL
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: MEZRAH, MIKE
Address: 615 SO GLEN
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: MEZRAH, BRIAN
Address: 81 DAVIS BLVD
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK MEZRAH MD

P

03/22/2007

Electronic Signature of Signing Officer or Director

Date