

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 20, 2007  
Secretary of State**

DOCUMENT# N01000000065

Entity Name: SPECIAL AGENT OFF DUTY BILLING ASSOCIATION, INC.

**Current Principal Place of Business:**

4406 HUDSON LANE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4406 HUDSON LANE  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3688871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONES, ALAN M  
4211 N LOIS AVE  
TAMPA, FL 33614      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

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: MONES, ALAN M  
Address: 4211 N LOIS AVE  
City-St-Zip: TAMPA, FL 33614

Title: DV      ( ) Delete  
Name: WILSON, MARCUS K  
Address: 4211 N. LOIS AVE.  
City-St-Zip: TAMPA, FL 33614

Title: DV      ( ) Delete  
Name: WILCOX, ELLEN S  
Address: 4211 LOIS AVE.  
City-St-Zip: TAMPA, FL 33614

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN M. MONES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPST

02/20/2007

\_\_\_\_\_  
Date