

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2008
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 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

DPST

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date