

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000065

FILED  
Mar 12, 2011  
Secretary of State

**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  
Name: MONES, ALAN M  
Address: 4211 N LOIS AVE  
City-St-Zip: TAMPA, FL 33614

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALAN M. MONES

DPST

03/12/2011

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

\_\_\_\_\_  
Date