2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# J11296

Entity Name: WILLIAM E. TULLY, III, INC.

Current Principal Place of Business:

10625 QUAIL RIDGE DR
PONTE VERDA, FL 32081 US

New Principal Place of Business:

Current Mailing Address:

10625 QUAIL RIDGE DR
PONTE VERDA, FL 32081 US

New Mailing Address:

FEI Number: 59-2688768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TULLY, WILLIAM E., III
10625 QUAIL RIDGE DR
PONTE VERDA, FL 32081 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: V ( ) Delete
Name: TULLY, WILLIAM E., J, R.
Address: 2722 SUNNYBROOK RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD ( ) Delete
Name: TULLY, WILLIAM E. II, I
Address: 10625 QUAIL RIDGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: ST ( ) Delete
Name: TULLY, DONNA LYNN,
Address: 10625 QUAIL RIDGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: TULLY, WILLIAM E. II, I
Address: 10625 QUAIL RIDGE DR
City-St-Zip: PONTE VEDRA, FL 32081

Title: ST (X) Change ( ) Addition
Name: TULLY, DONNA LYNN,
Address: 10625 QUAIL RIDGE DR
City-St-Zip: PONTE VEDRA, FL 32081

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

SIGNATURE: WILLIAM E. TULLY III PD 01/07/2009

Electronic Signature of Signing Officer or Director Date