2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P01000054228

Entity Name: BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P.A.

Current Principal Place of Business:

50 N LAURA ST, STE 2750
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 4548
JACKSONVILL, FL 32201

New Mailing Address:

FEI Number: 59-3722057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, JAN D
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 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:	PD	( ) Delete
Name:	BRANT, WILLIAM P	
Address:	1365 CADDELL DR	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	VD	( ) Delete
Name:	REITER, THOMAS M	
Address:	1633 BERWICK RD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VD	( ) Delete
Name:	ABRAHAM, DAVID T	
Address:	5950 CLIFTON AVE	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	VD	( ) Delete
Name:	MCCORMICK, JAN D	
Address:	7230 RAMOTH DR	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	VD	( ) Delete
Name:	GREENE, CHRISTOPHER J	
Address:	176 SAN JUAN DR	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	VD	(X) Delete
Name:	WILLIAMSON, GREGORY A	
Address:	3565 CRESCENT POINT COURT	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	

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

SIGNATURE: JAN D. MCCORMICK VD 01/14/2009

Electronic Signature of Signing Officer or Director — Date