2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168016

Entity Name: E. SONDRA MCDONALD, PA

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3617 CROWN POINT ROAD 3132 KAILANI COURT

SUITE#2 ORMOND BEACH, FL 32174 JACKSONVILLE, FL 32257

New Mailing Address: Current Mailing Address:

P O BOX 57487 P O BOX 730806

JACKSONVILLE, FL 322417487 ORMOND BEACH, FL 32174 US

FEI Number: 11-3738407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HERNANDEZ, MEREDITH A MCDONALD, ELEANOR S 3617 CROWN POINT ROAD 3132 KAILANI COURT ORMOND BEACH, FL 32174 US

SUITE#2 JACKSONVILLE, FL 32257 US

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: E. SONDRA MCDONALD 01/07/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition

MCDONALD, E. SONDRA MCDONALD, E. SONDRA Name: Name: P O BOX 57487 Address: P O BOX 730806 Address:

City-St-Zip: JACKSONVILLE, FL 322417487 City-St-Zip: ORMOND BEACH, FL 32174 US

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: E. SONDRA MCDONALD **PSTD** 01/07/2009