

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072623

FILED
May 01, 2009
Secretary of State

Entity Name: LAW OFFICES OF ALLISON B. DAVID, P.A.

Current Principal Place of Business:

% THE ATRIUM
8695 COLLEGE PARKWAY, SUITE 217
FORT MYERS, FL 33919 US

Current Mailing Address:

% THE ATRIUM
8695 COLLEGE PARKWAY, SUITE 217
FORT MYERS, FL 33919 US

New Principal Place of Business:

% THE ATRIUM
8695 COLLEGE PARKWAY, SUITE 2562
FORT MYERS, FL 33919 US

New Mailing Address:

% THE ATRIUM
8695 COLLEGE PARKWAY, SUITE 2562
FORT MYERS, FL 33919 US

FEI Number: 20-4933859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HJP FINANCIAL SERVICES INC
4458 CLEVELAND AVENUE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

PITTMAN LARRY L.
6231 ESTERO BLVD.
SUITE 309
FORT MYERS BEACH, FL 33931 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: LARRY L. PITTMAN

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVID, ALLISON
Address: 8695 COLLEGE PARKWAY SUITE 217
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVID, ALLISON
Address: 8695 COLLEGE PARKWAY SUITE 2562
City-St-Zip: FORT MYERS, FL 33919 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: ALLISON B. DAVID

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date