

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088503

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BRESSAN AND ASSOCIATES, INC.

## Current Principal Place of Business:

1750 CANTERBURY DRIVE  
INDIALANTIC, FL 32903 US

## New Principal Place of Business:

4385 CROOKED MILE RD  
MERRITT ISLAND, FL 32952 US

## Current Mailing Address:

1750 CANTERBURY DRIVE  
INDIALANTIC, FL 32903 US

## New Mailing Address:

4385 CROOKED MILE RD  
MERRITT ISLAND, FL 32952 US

FEI Number: 26-0677365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

## Name and Address of New Registered Agent:

FLAVIN, THOMAS  
330 FIFTH AVENUE  
INDIALANTIC, FL 32903 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: THOMAS FLAVIN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BRESSAN, STEPHANIE E  
Address: 1750 CANTERBURY DRIVE  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: TRES (X) Delete  
Name: BRESSAN, STEPHANIE E  
Address: 1750 CANTERBURY DRIVE  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: SECT (X) Delete  
Name: BRESSAN, STEPHANIE E  
Address: 1750 CANTERBURY DRIVE  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: DIR (X) Delete  
Name: BRESSAN, STEPHANIE E  
Address: 1750 CANTERBURY DRIVE  
City-St-Zip: INDIALANTIC, FL 32903 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BRESSAN, STEPHANIE E  
Address: 4385 CROOKED MILE RD  
City-St-Zip: MERRITT ISLAND, FL 32952 US

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: STEPHANIE E BRESSAN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date