

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035739

FILED
Jan 06, 2009
Secretary of State

Entity Name: ALBERT J. STOPKA, III, P.A.

Current Principal Place of Business:

108 MOSLEY DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

108 MOSLEY DRIVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3519046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN, FL 32444 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: PST () Delete
Name: STOPKA, III, ALBERT J
Address: 2202 ANDREWS ROAD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: STOPKA, III, ALBERT J
Address: 108 MOSLEY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

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: ALBERT J. STOPKA, III

PRES

01/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date