

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 615278

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FINLAYSON-STRIPLING, INC.

## Current Principal Place of Business:

300 S ORANGE AVE  
STE 1000  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

300 S ORANGE AVE  
STE 1000  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: 59-1903508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO  
300 S. ORANGE AVE.  
SUITE 1000 (JGH)  
ORLANDO, FL 32801 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: PTD ( ) Delete  
Name: FINLAYSON, SARENA S  
Address: 4335 CYPRESS PLACE  
City-St-Zip: OAKWOOD, GA 305662154

Title: VPTD ( ) Delete  
Name: FINLAYSON, PAMELA M  
Address: 2556 CLEAR CREEK RD.  
City-St-Zip: MARION, NC 28752

Title: SD ( ) Delete  
Name: CARDO, DOROTHY F  
Address: 1114 CHEDDINGTON DR  
City-St-Zip: CHARLOTTE, NC 28211

Title: D ( ) Delete  
Name: FINLAYSON, EDWIN J  
Address: 3120 NW 10TH PL  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: FINLAYSON, SARENA S  
Address: 3964 NW 25TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 32606

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: SARENA S. FINLAYSON

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date