

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 463899

FILED
Jan 07, 2009
Secretary of State

Entity Name: WILLIAM F. DONOVAN, C.P.A. CHARTERED

Current Principal Place of Business:

5495 ST. JAMES DRIVE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

5495 ST JAMES DRIVE
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 59-1556659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOVAN, WILLIAM F
5495 ST JAMES DRIVE
PORT ST LUCIE, FL 34983 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: PD () Delete
Name: DONOVAN, WILLIAM F
Address: 251 BERMUDA BEACH DR.
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: DONOVAN, KATHLEEN N
Address: 251 BERMUDA BEACH DRIVE
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATHLEEN N DONOVAN

MRS

01/07/2009

Electronic Signature of Signing Officer or Director

Date