

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 536159

FILED
Apr 30, 2009
Secretary of State

Entity Name: DAVIDSON MCWHIRTER, P.A.

Current Principal Place of Business:

400 N TAMPA ST
STE 2450
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3350
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-1745891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCWHIRTER, JOHN W. JR.
400 N. TAMPA ST.
SUITE 2450
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

DAVIDSON, C. THOMAS
400 N. TAMPA ST.
SUITE 2450
TAMPA, FL 33602 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: C. THOMAS DAVIDSON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MCWHIRTER, JOHN W., JR.
Address: 10 LADOGA
City-St-Zip: TAMPA, FL 33606

Title: DP () Delete
Name: DAVIDSON, C THOMAS
Address: 2901 PARKLAND BLVD
City-St-Zip: TAMPA, FL 33609

Title: S (X) Delete
Name: MURPHY, EILEEN M
Address: 12407 OAKLEAF AVENUE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: DAVIDSON, C. THOMAS
Address: 2901 PARKLAND BLVD
City-St-Zip: TAMPA, FL 33609 US

Title: S (X) Change () Addition
Name: MURPHY, EILEEN M
Address: 12407 OAKLEAF AVENUE
City-St-Zip: TAMPA, FL 33612

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: EILEEN M. MURPHY

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date