2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 546565

Entity Name: BILLING, COCHRAN, LYLES, MAURO & RAMSEY, P.A.

Current Principal Place of Business:

515 E LAS OLAS BLVD 6TH FL
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

515 E LAS OLAS BLVD 6TH FL
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-1756046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYLES, DENNIS E
1532 PONCE DE LEON DRIVE
FORT LAUDERDALE, FL 33316 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:	V	( ) Delete
Name:	RAMSEY, BRUCE M	
Address:	1501 SE RANCH ROAD	
City-St-Zip:	JUPITER, FL 33478	
Title:	V	( ) Delete
Name:	CRAIG, WILLIAM T	
Address:	4400 N E 30TH TERRACE	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	PMV	( ) Delete
Name:	COCHRAN, CLARK J,	
Address:	4300 NE 22ND AVE	
City-St-Zip:	FT LAUDERDALE, FL	
Title:	VST	( ) Delete
Name:	LYLES, DENNIS E	
Address:	1532 PONCE DE LEON DR	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	V	( ) Delete
Name:	MAURO, JOHN W	
Address:	1151 N. FT. LAUDERDALE BEACH BLVD., #17B	
City-St-Zip:	FT LAUDERDALE, FL 33304	
Title:	V	( ) Delete
Name:	MORGAN, KENNETH W	
Address:	910 S.E. 6TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33060	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PMV	(X) Change ( ) Addition
Name:	COCHRAN, CLARK J	
Address:	4300 NE 22ND AVE	
City-St-Zip:	FT LAUDERDALE, FL	
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: CLARK J. COCHRAN, JR. PMV 01/08/2009

Electronic Signature of Signing Officer or Director — Date