

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 547587

FILED
Jun 22, 2009
Secretary of State

Entity Name: CARNAHAN, PROCTOR AND CROSS, INC.

Current Principal Place of Business:

6101 W ATLANTIC BLVD
2ND FLOOR
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6101 W ATLANTIC BLVD
P.O. BOX 93-4399
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-1768002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCTOR, GREGORY M PD
6101 W ATLANTIC BLVD
2ND FLOOR
MARGATE, FL 33063 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCF () Delete
Name: PROCTOR, GREGORY M PD
Address: 6101 W. ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063 US

Title: VPD () Delete
Name: CROSS, LONDON M VPD
Address: 6101 W. ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063 US

Title: ST () Delete
Name: WEATHERMAN, CAROLE S ST
Address: 1061 EAST INDIANTOWN ROAD, SUITE 100
City-St-Zip: JUPITER, FL 33477

Title: D (X) Delete
Name: CARNAHAN, DANIEL L CFO
Address: 6101 W. ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063

Title: VP (X) Delete
Name: CAMPBELL, JOHN R VP
Address: 3525 N. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VP (X) Delete
Name: THIELE, JAMES A VP
Address: 1035 S. SEMORAN BLVD., STE #1027
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY M. PROCTOR

PDCF

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date