

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 575188

FILED
Mar 03, 2009
Secretary of State

Entity Name: PETERSON & MYERS, P.A.

Current Principal Place of Business:

130 E CENTRAL AVE
LAKE WALES, FL 338534166 US

New Principal Place of Business:

100 W. STUART AVE.
3RD FLOOR
LAKE WALES, FL 33853 US

Current Mailing Address:

130 E CENTRAL AVE
LAKE WALES, FL 338534166 US

New Mailing Address:

P. O. BOX 1079
LAKE WALES, FL 338591079 US

FEI Number: 59-1832339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, ROBERT C
130 EAST CENTRAL AVENUE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

CONNER, ROBERT C
100 W. STUART AVE.
3RD FLOOR
LAKE WALES, FL 33853 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:

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MYERS, CORNEAL B JR
Address: 2 MOUNTAIN LAKE -2300 ST RD 17 N
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: BRANDON, JACK P
Address: 1147 N. LAKESHORE BLVD.
City-St-Zip: LAKE WALES, FL 33853

Title: SD () Delete
Name: PUTNAM, THOMAS B JR.
Address: 125 LAKE OTIS RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: PUTERBAUGH, ROBERT E
Address: 6505 SUNSET RIDGE
City-St-Zip: LAKELAND, FL 33803

Title: PD () Delete
Name: ALEXANDER, M DAVID III
Address: 119 WYNDHAM DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: ASD (X) Delete
Name: KNOWLTON, KEVIN C
Address: 1143 E HIGHLAND DR
City-St-Zip: LAKELAND, FL 33813

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: ROBERT C. CONNER

MGR

03/03/2009

Electronic Signature of Signing Officer or Director

Date