2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 577947

Entity Name: EDWARDS AND RAGATZ, P.A.

Current Principal Place of Business:

501 RIVERSIDE AVE
SUITE 601
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

501 RIVERSIDE AVE
SUITE 601
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1880831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, THOMAS
501 RIVERSIDE AVENUE
SUITE 601
JACKSONVILLE, FL 32202 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: VPT ( ) Delete
Name: RAGATZ, ERIC
Address: 501 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: TOOMEY, JOEL
Address: 501 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: PS (X) Delete
Name: EDWARDS, THOMAS S.
Address: 501 RIVERSIDE AVENUE, SUITE 601
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: EDWARDS, THOMAS S
Address: 501 RIVERSIDE AVE., SUITE 601
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPT (X) Change ( ) Addition
Name: RAGATZ, ERIC C
Address: 501 RIVERSIDE AVE., SUITE 601
City-St-Zip: JACKSONVILLE, FL 32202

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: THOMAS S. EDWARDS PS 04/27/2009

Electronic Signature of Signing Officer or Director — Date