2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 580397

Entity Name: WOODWARD, PIRES & LOMBARDO, P.A.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
606 BALD EAGLE DRIVE, SUITE 500 P. O. BOX ONE MARCO ISLAND, FL 34146 US				606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 34146 US			
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Current Mailing Address:				New Mailing Address:			
606 BALD EAGLE DRIVE, SUITE 500 P. O. BOX ONE MARCO ISLAND, FL 34146 US							
FEI Number:	59-1842760	FEI Number Applied For()	FEI Num	nber Not Appl	icable ()	Certificat	e of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
606 BALD E	RD, CRAIG R. EAGLE DRIVE, S WER BUILDING LAND, FL 34145	3					
The above in the State		omits this statement for the pu	ırpose of	f changing it	ts registered o	ffice or re	egistered agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent							Date
Election Carr	paign Financing Tr	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPTD () De WOODWARD, MAI 606 BALD EAGLE MARCO ISLAND, F	RK J DR, S500		Title: Name: Address: City-St-Zip:	VPTD (X) WOODWARD, I 3200 TAMIAMI NAPLES, FL 34	TRAIL N.) Addition
Title: Name: Address: City-St-Zip:	PD () De WOODWARD, CR 606 BALD EAGLE MARCO ISLAND, F	AIG R DR, S500		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VPD () De PIRES, ANTHONY 3200 TAMIAMI TRA NAPLES, FL 3410	P. AIL N		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VDS () De LOMBARDO, CHRI 3200 TAMIAMI TRA NAPLES, FL 3410	ISTOPHER J. AIL N		Title: Name: Address: City-St-Zip:	VDS (X) LOMBARDO, CI 3200 TAMIAMI ¹ NAPLES, FL 3 ²	TRAIL N	·
Title: Name: Address: City-St-Zip:	VPD () De BLOUNT, STEVEN 3200 TAMIAMI TRA NAPLES, FL 3410	V AIL NO. STE. 200		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VPD () De LADEMAN, CARRII 3200 TAMIAMI TRA NAPLES, FL 3410	E E AIL N., ST., 200		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: CRAIG R. WOODWARD P 03/18/2009