2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 600794

Entity Name: CARLTON FIELDS, P.A.

Current Principal Place of Business:

CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BLVD., STE. 1000
TAMPA, FL 336075736 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3239
TAMPA, FL 336013239 US

New Mailing Address:

FEI Number: 59-1233896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BLVD., SUITE 1000
TAMPA, FL 336075736 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:	PD	( ) Delete
Name:	SASSO, GARY L	
Address:	4221 W. BOY SCOUT BLVD., STE. 1000	
City-St-Zip:	TAMPA, FL 336075736 US	
Title:	CD	( ) Delete
Name:	REID, BENJAMINE H	
Address:	4000 INTERNATIONAL PLACE, 100 SE SECOND ST	
City-St-Zip:	MIAMI, FL 331312114 US	
Title:	T	( ) Delete
Name:	LEONARD, HYWEL	
Address:	4221 W. BOY SCOUT BLVD., STE. 1000	
City-St-Zip:	TAMPA, FL 336075736 US	
Title:	AT	( ) Delete
Name:	SCHWENKE, ROGER D	
Address:	4221 W. BOY SCOUT BLVD., STE. 1000	
City-St-Zip:	TAMPA, FL 336075736 US	
Title:	SD	( ) Delete
Name:	DENMON, RICHARD A	
Address:	4221 W. BOY SCOUT BLVD., STE. 1000	
City-St-Zip:	TAMPA, FL 336075736 US	
Title:	ASD	( ) Delete
Name:	LESTER, EDGEL C JR.	
Address:	4221 W. BOY SCOUT BLVD., STE. 1000	
City-St-Zip:	TAMPA, FL 336075736 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: HYWEL LEONARD T 03/13/2009

Electronic Signature of Signing Officer or Director — Date