2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601788

FILED Jan 16, 2009 Secretary of State

Entity Name: RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A.

Current Principal Place of Business: New Principal Place of Business:

1253 PARK ST.

CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

1253 PARK ST.

CLEARWATER, FL 33756

FEI Number: 59-1277702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRATESI, EMIL G PRATESI, EMIL G 1253 PARK STREET 1253 PARK STREET

CLEARWATER, FL 34616 US CLEARWATER, FL 33756 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: 01/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VDS () Delete Title: PD (X) Change () Addition Name: SLAUGHTER, JOHN E JR Name: SLAUGHTER, JOHN E JR

Address: 711 BAY AVENUE Address: 711 BAY AVENUE
City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 33756

Title: PD () Delete Title: VD (X) Change () Addition

 Name:
 PRATEST, EMIL G
 Name:
 PRATEST, EMIL G

 Address:
 3440 FISHER RD
 Address:
 3440 FISHER RD

 City-St-Zip:
 PALM HARBOR, FL
 City-St-Zip:
 DUNEDIN, FL 34683

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 WARD, CARLTON R
 Name:
 WARD, CARLTON R

 Address:
 398 BLUFF VIEW DRIVE
 Address:
 398 BLUFF VIEW DRIVE

 City-St-Zip:
 BELLEAIR BLUFFS, FL
 33770

Title: VD () Delete Title: VDS (X) Change () Addition

 Name:
 KARAPHILLIS, THEO J
 Name:
 KARAPHILLIS, THEO J

 Address:
 509 OSCEOLA RD
 Address:
 509 OSCEOLA RD

 City-St-Zip:
 BELLEAIR, FL
 City-St-Zip:
 BELLEAIR, FL
 33756

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: EMIL G. PRATESI VD 01/16/2009