2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601817

FORD, FRANK A

145 E RICH AVE

DELAND, FL 32724

Name:

Address:

City-St-Zip:

Entity Name: LANDIS GRAHAM FRENCH, P.A

FILED Mar 17, 2009 Secretary of State

Littly Nai	IIIE. LANDIO	GRAHAWIT KLINCH, F.A.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
145 EAST DELAND,	RICH AVENU FL 32724	JE				
Current Mailing Address:			New Maili	New Mailing Address:		
145 EAST DELAND,	RICH AVENU FL 32724	JE				
FEI Number:	: 59-1284890	FEI Number Applied For () FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agen	t: Name and	Address	of New Registered Agent:	
	N, WILLIAM E RICH AVENU FL 32724					
	named entity of Florida.	submits this statement for	the purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
	Electro	onic Signature of Registered	d Agent		Date	
Election Car	npaign Financi	ng Trust Fund Contribution().				
OFFICER	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MASTERS, SA 444 SEABRE) Delete AM N SECRETA EZE BLVD. ACH, FL 32118 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	OTTINGER, V) Delete VILLIAM A TREASUR BLVD., SUITE 204 . 32725 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VD () Delete	Title:	VD	(X) 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.

Name:

Address:

City-St-Zip:

FORD, FRANK A JR.

DELAND, FL 32724

145 E RICH AVE

SIGNATURE: WILLIAM E. SHERMAN PD 03/17/2009