2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603180

FILED Jan 14, 2009 Secretary of State

Entity Name: ROGERS, WOOD, HILL, STARMAN & GUSTASON, P.A.

Current P	rincipal Place	of Business:	New Principal	New Principal Place of Business:		
4099 TAMI SUITE 400 NAPLES, F			2375 TAMIAMI SUITE 110 NAPLES, FL 34			
Current M	ailing Addres	s:	New Mailing A	New Mailing Address:		
4099 TAMI SUITE 400 NAPLES, F			2375 TAMIAMI SUITE 110 NAPLES, FL 34			
FEI Number:	: 59-1362099	FEI Number Applied For ()	FEI Number Not Applicable	e() Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:		
4099 TAMI STE 400	ON, RONALD V IAMI TRAIL NO FL 34103 US		GUSTASON, R 2375 TAMIAMI STE 110 NAPLES, FL 34	TRAIL NORTH		
	named entity s e of Florida.	submits this statement for the pu	ırpose of changing its reç	gistered office or registered agent, or both,		
SIGNATURE:				01/14/2009		
	Electron	ic Signature of Registered Age	nt	Date		
Election Car	npaign Financing	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () GUSTASON, RO 651 KETCH DR NAPLES, FL 34	IVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () SHEPARD, SCC 95 27TH STREE NAPLES, FL 34	ET NW	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () STARMAN, SHE 680 GORDONIA NAPLES, FL 34	A DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () BOERIO, THOM 7303 HILL PON NAPLES, FL 34	D CR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BELCHER, SHA 3618 KENT DRI NAPLES, 34		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:	RONALD W GUSTASON	PD	01/14/2009