

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603960

FILED
Feb 25, 2009
Secretary of State

Entity Name: GOULD COOKSEY FENNELL, P.A.

Current Principal Place of Business:

979 BEACHLAND BLVD
VERO BEACH, FL 329631688

New Principal Place of Business:

Current Mailing Address:

979 BEACHLAND BLVD
VERO BEACH, FL 329631688

New Mailing Address:

FEI Number: 59-1426911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINE, CHRISTOPHER H.
1545 SHORELANDS DRIVE EAST
VERO BEACH, FL 32963 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: DV () Delete
Name: CONNELLY, BRIAN J
Address: 3010 NASSAU DR
City-St-Zip: VERO BEACH, FL 32960

Title: DV () Delete
Name: RENNICK, SANDRA G
Address: 979 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: DV () Delete
Name: KIRK, WILLIAM N
Address: 3810 INDIAN RIVER DR W
City-St-Zip: VERO BEACH, FL 32963

Title: DV () Delete
Name: HAFNER, TROY B
Address: 517 EAST CAUSEWAY BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: DPT () Delete
Name: FENNELL, TODD W
Address: 1435 SHORELANDS DRIVE WEST
City-St-Zip: VERO BEACH, FL 32963

Title: DV () Delete
Name: CARTER, DAVID M
Address: 1575 GRACEWOOD LN
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: MARINE, CHRISTOPHER H
Address: 1545 SHORELANDS DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: DV (X) Change () Addition
Name: O'NEILL, EUGENE J
Address: 979 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: DS (X) Change () Addition
Name: COOKSEY, BYRON T
Address: 2102 VICTORY BLVD
City-St-Zip: VERO BEACH, FL 32960

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: TODD W. FENNELL

DPT

02/25/2009

Electronic Signature of Signing Officer or Director

Date