

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 637863

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** BETTS, ROGERS, SCHENCK & JONES, C.P.A.'S, A PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

104 NORTH MAGNOLIA DR.  
TALLAHASSEE, FL 323012636

**New Principal Place of Business:**

1713 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

104 NORTH MAGNOLIA DR.  
TALLAHASSEE, FL 323012636

**New Mailing Address:**

1713 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**FEI Number:** 59-1937836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETTS, BEN F, JR  
104 NORTH MAGNOLIA DR.  
TALLAHASSEE, FL 32301 US

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

BETTS, BEN F, JR  
1713 MAHAN DRIVE  
TALLAHASSEE, FL 32308 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:

02/09/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BETTS, BENJAMIN F., JR.  
Address: 104 NORTH MAGNOLIA DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete  
Name: SCHENCK, JOSEPH T.,  
Address: 104 NORTH MAGNOLIA DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete  
Name: JONES, MARK J  
Address: 104 N MAGNOLIA DR  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BETTS, BENJAMIN F., JR.  
Address: 1713 MAHAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD (X) Change ( ) Addition  
Name: SCHENCK, JOSEPH T.,  
Address: 1713 MAHAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change ( ) Addition  
Name: JONES, MARK J  
Address: 1713 MAHAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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: BENJAMIN F. BETTS, JR

MR.

02/09/2009

Electronic Signature of Signing Officer or Director

Date