2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 653394

Entity Name: SANDERS, HOLLOWAY & RYAN, P.A.

Current Principal Place of Business:

2878 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4144
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-1974251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, HOLLOWAY & RYAN
2878 MAHAN DRIVE
TALLAHASSEE, FL 32308 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: SEC ( ) Delete
Name: SANDERS, VERNON E,
Address: 1035 KINGDOM
City-St-Zip: TALLAHASSEE, FL 32311

Title: P ( ) Delete
Name: SANDERS, T.E.
Address: 2412 PEREZ
City-St-Zip: TALLAHASSEE, FL

Title: V ( ) Delete
Name: HOLLOWAY, DAN,
Address: 402 AUDUBON DR
City-St-Zip: TALLAHASSEE, FL

Title: TREA ( ) Delete
Name: RYAN, MARK J
Address: 1008 HAWKEYE TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: RYAN, MARK J
Address: 1008 HAWKEYE TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

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: T. E. SANDERS P 01/14/2009

Electronic Signature of Signing Officer or Director Date