

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002639

FILED
Jan 14, 2009
Secretary of State

Entity Name: COLECTRIC PARTNERS, INC.

Current Principal Place of Business:

301 W. BAY STREET
SUITE 2600
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

301 W. BAY STREET
SUITE 2600
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3715917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, IRVIN M ESQ
ROGERS TOWERS BAILEY JONES & GAY
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JOHNSTON, ROBERT P
Address: 1470 RIVEREDGE PARKWAY, NW
City-St-Zip: ATLANTA, GA 30328

Title: P () Delete
Name: BROST, MIKE
Address: 301 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DICKENSON, JAMES A
Address: 21 WEST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: CARTER, LONNIE
Address: 1 RIVERWOOD DR
City-St-Zip: MONCKS CORNER, SC 29461

Title: T () Delete
Name: LUCAS, JOHN B
Address: 301 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JACKSON, STEVE
Address: 301 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CARTER, JOHN
Address: 301 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CARTER

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date