

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002866

Entity Name: NEIBAUER & CO., P.C.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

469 JOHNSON STREET
JENKINTOWN, PA 19046

New Principal Place of Business:

563 PINE TREE ROAD
JENKINTOWN, PA 19046

Current Mailing Address:

2475 NW 63RD STREET
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 23-2663341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ANDREA
2475 NW 63RD STREET
BOCA RATON, FL 33496 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: P () Delete
Name: NEIBAUER, MARC
Address: 2475 NW 63RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: NEIBAUER, FRED
Address: 469 JOHNSON STREET
City-St-Zip: JENKINTOWN, PA 19046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NEIBAUER, FRED
Address: 563 PINE TREE ROAD
City-St-Zip: JENKINTOWN, PA 19046

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: MARC NEIBAUER

PRES

04/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date