

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002434

FILED
Mar 30, 2009
Secretary of State

Entity Name: GOVIG & ASSOCIATES, INC.

Current Principal Place of Business:

2285 MARSH HAWK LANE
UNIT 6104
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

4800 N SCOTTSDALE RD
STE 2800
SCOTTSDALE, AZ 85251

New Mailing Address:

FEI Number: 86-0377728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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: C () Delete
Name: GOVIG, RICHARD
Address: 4800 N SCOTTSDALE RD, STE 2800
City-St-Zip: SCOTTSDALE, AZ 85251

Title: P () Delete
Name: GOVIG, TODD
Address: 4800 N SCOTTSDALE RD, STE 2800
City-St-Zip: SCOTTSDALE, AZ 85251

Title: ST () Delete
Name: GOVIG, JEANETTE
Address: 4800 N SCOTTSDALE RD, STE 2800
City-St-Zip: SCOTTSDALE, AZ 85251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 GOVIG

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date