

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06778

FILED
Apr 27, 2009
Secretary of State

Entity Name: BECKERT, PRICE AND ROWSE, PROFESSIONAL ASSOCIA- TION

Current Principal Place of Business:

525 POPE AVE. N.W.
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9087
WINTER HAVEN, FL 33883 US

New Mailing Address:

FEI Number: 59-2035495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKERT, HOWARD M JR
525 POPE AVE. N.W.
WINTER HAVEN, FL 33881 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: DS () Delete
Name: PRICE, R GARY
Address: 525 POPE AVE. N.W.
City-St-Zip: WINTER HAVEN, FL 00000,

Title: DP () Delete
Name: BECKERT JR, HOWARD M
Address: 1326 L OTIS DR N
City-St-Zip: WINTER HAVEN, FL 00000,

Title: DT () Delete
Name: ROWSE, WILLIAM A JR
Address: 404 LAKE SHORE DRIVE
City-St-Zip: POLK CITY, FL

Title: DVP () Delete
Name: CRISMAN, STEVEN E
Address: 4401 OLD BARTOW RD
City-St-Zip: LAKE WALES, FL 33859

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:

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: R. GARY PRICE

SECY

04/27/2009

Electronic Signature of Signing Officer or Director

Date