

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003915

FILED
Apr 24, 2009
Secretary of State

Entity Name: R.A. MERCER & CO., CERTIFIED PUBLIC ACCOUNTANTS, P.C.

Current Principal Place of Business:

28362 SOMBRERO DR.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

243 W. MAIN ST.
SPRINGVILLE, NY 14141

New Mailing Address:

FEI Number: 16-1207156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX, ACCOUNTING & FINANCIAL ASSOCIATES, IN
809 WALKERBILT RD., STE. 5
NAPLES, FL 34110 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: CP () Delete
Name: DAVIS, JOHN J.
Address: 21 RACHEL LANE
City-St-Zip: SPRINGVILLE, NY 14141

Title: VCV () Delete
Name: FRANK, KENNETH S.
Address: 7326 CONNOISARAULEY RD.
City-St-Zip: EAST OTTO, NY 14729

Title: D () Delete
Name: BRIDGES, CATHIE J.
Address: PO BOX 4
City-St-Zip: EAST OTTO, NY 14729

Title: DS () Delete
Name: LIS, ROGER
Address: 100 KLAS AVE.
City-St-Zip: WEST SENECA, NY 14224

Title: TD () Delete
Name: LARRACUENTE, KATHRYN A.
Address: 2428 E. RIVER RD.
City-St-Zip: GRAND ISLAND, NY 14072

Title: D () Delete
Name: JAGODA, JULIE L.
Address: 34 ELM ST
City-St-Zip: SPRINGVILLE, NY 14141

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
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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: KATHRYN A. LARRACUENTE

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date