

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12824

FILED
Apr 09, 2009
Secretary of State

Entity Name: MICHAEL WM. MEAD, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

POST OFFICE DRAWER 1329
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

24 WALTER MARTIN ROAD NE
201
FORT WALTON BEACH, FL 32548

Current Mailing Address:

POST OFFICE DRAWER 1329
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-2051242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, MICHAEL WM.
24 WALTER MARTIN ROAD
FORT WALTON BEACH, FL 32548 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: PST () Delete
Name: MEAD, MICHAEL WM.
Address: 24 WALTER MARTIN RD.
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL WM MEAD

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date