

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12824

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** MICHAEL WM. MEAD, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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  
Name: MEAD, MICHAEL WM.  
Address: 24 WALTER MARTIN RD.  
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL WM MEAD

PRES

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date