

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22773

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: WILLIAM E. SHOCKETT, P.A.

## Current Principal Place of Business:

CITY NATIONAL BANK OF MIAMI 6TH FLOOR  
25 W. FLAGLER STREET  
MIAMI, FL 33130

## Current Mailing Address:

CITY NATIONAL BANK OF MIAMI 6TH FLOOR  
25 W. FLAGLER STREET  
MIAMI, FL 33130

## New Principal Place of Business:

CITY NATIONAL BANK OF MIAMI 7TH FLOOR  
25 W. FLAGLER STREET  
MIAMI, FL 33130

## New Mailing Address:

CITY NATIONAL BANK OF MIAMI 7TH FLOOR  
25 W. FLAGLER STREET  
MIAMI, FL 33130

FEI Number: 59-2086475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOCKETT, WILLIAM E., ESQ  
25 W. FLAGLER STREET  
6TH FLOOR  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

SHOCKETT, WILLIAM E., ESQ  
25 W. FLAGLER STREET  
7TH FLOOR  
MIAMI, FL 33130 US

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:

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: SHOCKETT, WILLIAM E.  
Address: 25 W. FLAGLER STREET  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: SHOCKETT, WILLIAM E.  
Address: 25 W. FLAGLER STREET - 7TH FLOOR  
City-St-Zip: MIAMI, FL 33130

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: WILLIAM E. SHOCKETT

PS

02/12/2009

Electronic Signature of Signing Officer or Director

Date