2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55184

Entity Name: AYERS, SACLARIDES & COMPANY, P.A.

FILED Jan 13, 2009 Secretary of State

567 S. DUNCAN AVE. P.O.BOX 6255

Current Mailing Address:

CLEARWATER, FL 33758255 US

New Mailing Address:

567 S. DUNCAN AVE

CLEARWATER, FL 33756

567 S. DUNCAN AVE. P.O. BOX 6255

P.O.BOX 6255 CLEARWATER, FL 337586255 US

CLEARWATER, FL 33758255 US

FEI Number: 59-2135127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

AYERS, JAMES T 567 S. DUNCAN AVE. P.O.BOX 6255

CLEARWATER, FL 337586255 US

AYERS, JAMES T 567 S. DUNCAN AVE. CLEARWATER, FL 33756 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: 01/13/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

() Change () Addition

US

Title: () Delete AYERS, JAMES T, Name:

567 S. DUNCAN AVE. Address: City-St-Zip: CLEARWATER FL

Title: () Delete Name: AYERS, SHARON M 567 S DUNCAN AVE Address:

CLEARWATER, FL 33758 City-St-Zip:

Title: () Delete GROTE, JOAN C Name: 567 S. DUNCAN AVE. Address:

City-St-Zip: CLEARWATER, FL 33756

Title: () Delete EICHELBERGER, AMY L Name: Address: 567 S. DUNCAN AVE. City-St-Zip: CLEARWATER, FL 33756

567 S DUNCAN AVE Address: CLEARWATER, FL 33756 City-St-Zip:

AYERS, JAMES T,

567 S. DUNCAN AVE.

AYERS, SHARON M

CLEARWATER, FL 33756

Title: Name:

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

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.

Ρ SIGNATURE: JAMES TAYERS 01/13/2009