2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55472

City-St-Zip: DOVER, FL

Entity Name: GRASSER & ASSOCIATES INC.

FILED Feb 09, 2009 Secretary of State

Ellilly Nai	IIIe: GRASSE	R & ASSOCIATES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
14104 BLA DOVER, F	ACKJACK ROA EL 33569	AD			
Current Mailing Address:			New Mailing Address:		
P.O. BOX DOVER, F					
FEI Number	: 59-2142707	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
GRASSER 14104 BLA DOVER, F	CKJACK ROA				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (GRASSER, PA 14104 BLACK DOVER, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (GRASSER, AN 14104 BLACK		Title: Name: Address:	() Change () Addition	

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: PAUL R GRASSER DP 02/09/2009