2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F64826

Entity Name: HACKER, JOHNSON & SMITH, P.A.

Current Principal Place of Business:

500 NORTH WESTSHORE BLVD.
TAMPA, FL 33609

New Principal Place of Business:

500 NORTH WESTSHORE BLVD.
SUITE #1000
TAMPA, FL 33609

Current Mailing Address:

500 NORTH WESTSHORE BLVD.
STE 1000
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2153385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HACKER, EDWARD F
500 N WESTSHORE BLVD
TAMPA, FL 33609 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: PD ( ) Delete
Name: HACKER, EDWARD F
Address: 221 N TESSIER DR
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VSTD ( ) Delete
Name: SMITH, THOMAS
Address: 4633 WESTFORD CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: KANIA, STEPHEN R
Address: 3059 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: BRINK, ROBERT W
Address: 6416 NIKKI LANE
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: BEERMAN, KEVIN J
Address: 8435 POYDRAS LANE
City-St-Zip: TAMPA, FL 33635

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: EDWARD, HACKER F JR.
Address: 3601 WEST LEONA STREET
City-St-Zip: TAMPA, FL 33629

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: EDWARD F. HACKER PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date