2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# F88852

Entity Name: BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A.

Current Principal Place of Business:

101 SW 3RD ST
OCALA, FL 34474

New Principal Place of Business:

101 SW 3RD ST
OCALA, FL 34471

Current Mailing Address:

PO BOX 2405
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2200471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOND, M. THOMAS JR.
101 SW 3RD ST.
OCALA, FL 32670 US

Name and Address of New Registered Agent:

BOND, M. THOMAS JR.
101 SW 3RD ST.
OCALA, FL 34471 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: _____ 03/12/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOND, M THOMAS JR,
Address: 4861 SE 17TH ST
City-St-Zip: OCALA, FL 34471

Title: V ( ) Delete
Name: PHELAN, WILLIAM H JR,
Address: 1851 NW 16TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: ARNETT, JOHN W,
Address: 2020 NW 55TH AVE RD
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Delete
Name: SMITH, CHARLES M
Address: 2121 SE 11TH ST
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete
Name: CRAGGS, ANN MELINDA
Address: 110 N.W. 1ST AVENUE
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: ARNETT, JOHN W,
Address: 11972 WEST RIVERHAVEN DRIVE
City-St-Zip: HOMASSASSA, FL 34448

Title: ( ) Change ( ) Addition
Name:
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.

SIGNATURE: M. THOMAS BOND, JR. P 03/12/2009
Electronic Signature of Signing Officer or Director — Date