

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98208

FILED
Apr 23, 2009
Secretary of State

Entity Name: SUPLEE & SHEA, P.A.

Current Principal Place of Business:

800 S OSPREY AVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

800 S OSPREY AVE
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 59-2213319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, NORMAN J. III
800 S OSPREY AVE
SARASOTA, FL 34236 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: CB () Delete
Name: SUPLEE, T. RAYMOND
Address: 1741 SEMINOLE DR
City-St-Zip: SARASOTA, FL 34239

Title: P () Delete
Name: SHEA, NORMAN J., III
Address: 1420 S. LAKE SHORE DR.
City-St-Zip: SARASOTA, FL 34231

Title: S () Delete
Name: CRAMER, THOMAS R
Address: 4843 STONERIDGE TR
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: ROCKLEIN, JOSEPH E III
Address: 800 S. OSPREY AVE
City-St-Zip: SARASOTA, FL 34236

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:

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: T RAYMOND SUPLEE

CB

04/23/2009

Electronic Signature of Signing Officer or Director

Date