

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46246

FILED
Apr 29, 2009
Secretary of State

Entity Name: PICERNE DEVELOPMENT CORPORATION OF FLORIDA

Current Principal Place of Business:

247 N WESTMONTE DR
SUITE A
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

247 N WESTMONTE DR
SUITE A
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 06-1111792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILDES,RICHARD J.
LOWNDES,DROSDICK,DOSTER,KANTOR & REED
215 N.EOLA DR., P.O. BOX 2809
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

FILDES,RICHARD J.
LOWNDES,DROSDICK,DOSTER,KANTOR & REED
215 N.EOLA DR
ORLANDO, FL 32802 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PICERNE, ROBERT M
Address: 247 N WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: URITESCU, RAY
Address: 247 N WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: PICERNE, RONALD RS
Address: 247 N WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: HEFLINGER, JAN C
Address: 247 N WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: HALEY, RICHARD
Address: 247 N WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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: ROBERT M PICERNE

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date