## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92630

JACKSONVILLE, FL

City-St-Zip:

FILED Apr 11, 2009 Secretary of State

Entity Name: ATTER PROPERTIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 8900 CORPORATE SQ CT JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 6321 WHISPERING OAKS DR. 6321 WHISPERING OAKS DR. W. JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 FEI Number: 59-2434312 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: 6321 WHISPERING OAKS DRIVE, WEST JACKSONVILLE, FL 32211 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DSP ( ) Delete () Change () Addition Name: ATTER, JILL Name: 6321 WHISPERING OAKS, DR.W Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition ATTER, PHILLIP T JR Name: Name: ATTER, PHILLIP T JR 6321 WHISPERING OAKS Address: 6321 WHISPERING OAKS DR. W 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: JILL ATTER DSP 04/11/2009

JACKSONVILLE, FL 32277