2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17834

FILED Jan 06, 2009 Secretary of State

Entity Name: ROBERT MOELLER, P.A.	
Current Principal Place of Business:	New Principal Place of Business:
152 NE 351 HWY CROSS CITY, FL 32628	
Current Mailing Address:	New Mailing Address:
% ROBERT MOELLER P.O. BOX 1419 CROSS CITY, FL 32628	
FEI Number: 59-2453615 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:
MOELLER, ROBERT CORNER OF COUNTY RD 351 & WILSON ST. CROSS CITY, FL 32628 US	MOELLER, ROBERT 152 NE 351 HWY CROSS CITY, FL 32628 US
The above named entity submits this statement for the $\ensuremath{\beta}$ in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE: ROBERT MOELLER	01/06/2009
Electronic Signature of Registered Age	ent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: ST () Delete Name: MOELLER, LORILYNN H Address: 717 NE 665 STREET City-St-Zip: OLD TOWN, FL 32680	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: City-St-Zip:	Title: P () Change (X) Addition Name: MOELLER, ROBERT B Address: 717 NE 665 STREET City-St-Zip: OLD TOWN, FL 32680

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 MOELLER P 01/06/2009