# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# H63751

**Entity Name:** SULLENBERGER, INC.

**Current Principal Place of Business:**

8949 MAISLIN DRIVE
TAMPA, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

8949 MAISLIN DR
TAMPA, FL 33637 US

**New Mailing Address:**

8949 MAISLIN DRIVE
TAMPA, FL 33637 US

**FEI Number: 59-2546265** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLENBERGER, ROBERT E.
8949 MAISLIN DRIVE
TAMPA, FL 33637 US

**Name and Address of New Registered Agent:**

CASEY, CARLA A OFFICER
8949 MAISLIN DRIVE
TAMPA, FL 33637 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: CARLA A CASEY 03/20/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SULLENBERGER, ROBERT, E.
Address: 8949 MAISLIN DRIVE
City-St-Zip: TAMPA, FL 33637

Title: STD ( ) Delete
Name: SULLENBERGER, DONNA, R.
Address: 8949 MAISLIN DRIVE
City-St-Zip: TAMPA, FL 33637

Title: O ( ) Delete
Name: SULLENBERGER, BRETT E
Address: 8949 MAISLIN DR.
City-St-Zip: TAMPA, FL 33637

Title: 0 ( ) Delete
Name: CASEY, CARLA A
Address: 8949 MAISLIN DR.
City-St-Zip: TAMPA, FL 33637

**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: CARLA A CASEY OFF 03/20/2009
Electronic Signature of Signing Officer or Director Date