

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75067

FILED
Jan 29, 2009
Secretary of State

Entity Name: CHARLES J. PRESCOTT, P.A.

Current Principal Place of Business:

% CHARLES J. PRESCOTT
2033 WOOD STREET STE 115
SARASOTA, FL 34237

New Principal Place of Business:

2033 WOOD STREET
SUITE 115
SARASOTA, FL 34237

Current Mailing Address:

% CHARLES J. PRESCOTT
2033 WOOD STREET STE 115
SARASOTA, FL 34237

New Mailing Address:

2033 WOOD STREET
SUITE 115
SARASOTA, FL 34237

FEI Number: 59-2577880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESCOTT, CHARLES J.
2033 WOOD STREET
SUITE 115
SARASOTA, FL 33577 US

Name and Address of New Registered Agent:

PRESCOTT, CHARLES J
2033 WOOD STREET
SUITE 115
SARASOTA, FL 34237 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: CHARLES J. PRESCOTT

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESCOTT, CHARLES J.,
Address: 2033 WOOD STREET
City-St-Zip: SARASOTA, FL

Title: DVP () Delete
Name: PRESCOTT, PATRICIA
Address: 2033 WOOD ST
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRESCOTT, CHARLES J
Address: 2033 WOOD STREET, SUITE 115
City-St-Zip: SARASOTA, FL 34237

Title: DVP (X) Change () Addition
Name: PRESCOTT, PATRICIA
Address: 2033 WOOD STREET, SUITE 115
City-St-Zip: SARASOTA, FL 34237

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: CHARLES J. PRESCOTT

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date