2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48002

FILED Jan 18, 2009 Secretary of State

Entity Name: GREENLEE, KURRAS, RICE AND BROWN, P.A.

Current Principal Place of Business: New Principal Place of Business: C/O JOHN S. RICE C/O JOHN S. RICE P.O. BOX 8 627 N DONNELLY STREET MOUNT DORA, FL 32756 US MOUNT DORA, FL 32757 US **Current Mailing Address: New Mailing Address:** C/O JOHN S. RICE P.O. BOX 8 MOUNT DORA, FL 327560008 US FEI Number: 59-2754585 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: RICE, JOHN S 627 N. DONELLY STREET MOUNT DORA, FL 32757 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BROWN, JERRY D., Name: Name: 1732 DISSTON AVE. Address: Address: City-St-Zip: CLERMONT, FL City-St-Zip: Title: Title: () Delete () Change () Addition RICE, JOHN S., Name: Name: 1750 SYLVAN PT DR Address: Address: MOUNT DORA, FL City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SYKES-AMOS, PATRICIA A Name: Name: 627 N DONNELLY ST Address: Address: City-St-Zip: MT DORA, FL 32757 City-St-Zip: Title: () Delete Title: () Change () Addition GARNER, C L Name: Name: Address: 627 N DONNELLY ST Address: City-St-Zip: MT DORA, FL 32757 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: JOHN S RICE TREA 01/18/2009