

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68431

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PUBLIC FINANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

3949 EVANS AVE #402  
FT MYERS, FL 33901 US

**New Principal Place of Business:**

1900 VIRGINIA AVENUE, # 703  
FT MYERS, FL 33901 US

**Current Mailing Address:**

P O BOX 60674  
FT. MYERS, FL 339066674 US

**New Mailing Address:**

P O BOX 218  
FT. MYERS, FL 33902 US

FEI Number: 59-2798412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BENNETT, PHILIP C.  
1900 VIRGINIA AV  
APT 703  
FT MYERS, FL 33901 US

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

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:**

Title: PD ( ) Delete  
Name: BENNETT, PHILIP C.  
Address: 1900 VIRGINIA AVE, # 703  
City-St-Zip: FT. MYERS, FL 33901

Title: VP (X) Delete  
Name: BENNETT, SUSAN  
Address: 1900 VIRGINIA AVE, # 703  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PHILIP C. BENNETT

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date