2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J70614

Name:

Address:

City-St-Zip:

GASSMAN, MARCIA R

1245 COURT STREET #102

CLEARWATER, FL 33756 US

Entity Name: ALAN S. GASSMAN, P.A.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 102	JRT STREET 2 ATER, FL 3375	56 US			
Current N	lailing Addres	s:	New Mailing Addres	ss:	
1245 COU	JRT STREET				
SUITE 102	2	-0			
CLEARW	ATER, FL 3375	56 US			
FEI Number	: 59-2802600	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1245 COU SUITE 102	N, ALAN S. JRT STREET 2 ATER, FL 346′	16 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
		ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	GASSMAN, ALA	TREET SUITE 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () BATES, LONDO 1245 COURT S CLEARWATER	T STE 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () CROTTY, KENN 1245 COURT S CLEARWATER	TREET #102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () DENICOLO, CH 1245 COURT S CLEARWATER	TREET #102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN S. GASSMAN PD 01/08/2009