

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80135

FILED
Apr 30, 2009
Secretary of State

Entity Name: CALER, DONTEN, LEVINE, PORTER & VEIL, P.A.

Current Principal Place of Business:

SCOTT PORTER
505 S FLAGLER DR, SUITE 900
W PALM BCH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

SCOTT PORTER
505 S FLAGLER DR, SUITE 900
W PALM BCH, FL 33401 US

New Mailing Address:

FEI Number: 59-2831281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALER, WILLIAM K JR
505 S FLAGLER DR, SUITE 900
W PALM BCH, FL 33401 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: DV () Delete
Name: DONTEN, DAVID S
Address: 431 JUNO DUNES WAY
City-St-Zip: JUNO BEACH, FL 33408 US

Title: DV () Delete
Name: LEVINE, JOEL H
Address: 2050 SUNDERLAND AVENUE
City-St-Zip: WELLINGTON, FL 33414 US

Title: DV () Delete
Name: VEIL, MARK D
Address: 107 WOODSMUIR COURT
City-St-Zip: PALM BCH GARDENS, FL 33418 US

Title: DP () Delete
Name: PORTER, SCOTT L
Address: 14211 LITTLE CYPRESS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DS () Delete
Name: CALER, WILLIAM K JR
Address: 234 DYER RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: DONTEN, DAVID S
Address: 2334 PALM HARBOUR DR
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: SCOTT L PORTER

DP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date