

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07897

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: DORNE', ROCKEY, SECUNDA AND MAGEE, P.A.

**Current Principal Place of Business:**

105 CYPRESS POINT PARKWAY  
A  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

105 CYPRESS POINT PARKWAY  
A  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 59-2860813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHIUMENTO & ASSC  
4 OLD KINGS RD N  
SUITE B  
PALM COAST, FL 32137 US

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

MIKE PILE  
1655 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32117 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: W PADGE DORNE

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DORNE', WILLIAM PADG, ETT  
Address: 105 CYPRESS POINT PARKWAY  
City-St-Zip: PALM COAST, FL 32164

Title: PD ( ) Delete  
Name: ROCKEY, D.S. (PAT),  
Address: 105 CYPRESS POINT PARKWAY  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: SECUNDA, RICHARD M.,  
Address: 105 CYPRESS POINT PARKWAY  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: MAGEE, SHAWN P,  
Address: 105 CYPRESS POINT PARKWAY  
City-St-Zip: PALM COAST, FL 32164 US

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

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: W PADGE DORNE

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date