

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96937

FILED
Jan 15, 2009
Secretary of State

Entity Name: EMMANUEL, SHEPPARD & CONDON, P.A.

Current Principal Place of Business:

EMMANUEL, SHEPPARD & CONDON
30 S. SPRING ST. , P.O. DRAWER 1271
PENSACOLA, FL 32591 US

New Principal Place of Business:

EMMANUEL, SHEPPARD & CONDON
30 S. SPRING STREET
PENSACOLA, FL 32502 US

Current Mailing Address:

C/O STEVEN DENEKE, ADMINISTRATOR
P.O. DRAWER 1271
PENSACOLA, FL 32591 US

New Mailing Address:

C/O STEVEN DENEKE, ADMINISTRATOR
30 SOUTH SPRING STREET
PENSACOLA, FL 32502 US

FEI Number: 59-2953118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMMANUEL, ROBERT A
30 SOUTH SPRING ST.
PENSACOLA FL, FL 32502 US

Name and Address of New Registered Agent:

EMMANUEL, ROBERT A
30 SOUTH SPRING ST.
PENSACOLA, FL 32502 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:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONDON, A G
Address: 30 SOUTH SPRING ST.
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: MONROE, JOHN W
Address: 30 SOUTH SPRING ST.
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: BOOKMAN, ALAN B
Address: 30 SOUTH SPRING ST.
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: EMMANUEL, ROBERT A
Address: 30 S. SPRING ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: BROWN, GERALD L
Address: 30 SOUTH SPRING STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: DRICKA, ERICK M
Address: 30 SOUTH SPRING STREET
City-St-Zip: PENSACOLA, FL 32502

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:

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: ROBERT A. EMMANUEL

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date