

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34643

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** HOMRICH & MICOCCI, P.A., CERTIFIED PUBLIC ACCOUNTANTS

**Current Principal Place of Business:**

3726 N. GOLDENROD ROAD  
SUITE 1  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

3726 N. GOLDENROD ROAD  
SUITE 1  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** 59-2534179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOMRICH, DIANE M  
3726 N GOLDENROD ROAD  
SUITE 1  
WINTER PARK, FL 32792 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: P ( ) Delete  
Name: HOMRICH, DIANE M P  
Address: 1640 OAKHURST AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete  
Name: HOMRICH-MICOCCI, JENNA L VP  
Address: 1640 OAKHURST AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: S ( ) Delete  
Name: HOMRICH, ALICIA M S  
Address: 3726 N. GOLDENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: AS ( ) Delete  
Name: SANTIAGO PRYOR, LEYRA AS  
Address: 3726 N. GOLDENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: AS ( ) Delete  
Name: GRAY, SUZETTE AS  
Address: 3726 N. GOLDENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: AS ( ) Delete  
Name: MITCHELL, KATHY AS  
Address: 3726 N GOLDENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792 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:

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: DIANE M. HOMRICH

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date