2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L67755

Entity Name: FLORENCE FACTOR, P.A.

Current Principal Place of Business:

% FLORENCE FACTOR
846 ANCHOR RODE DR.
NAPLES, FL 34103 US

New Principal Place of Business:

% FLORENCE FACTOR
3435 10TH ST. N SUITE # 303
NAPLES, FL 34103 US

Current Mailing Address:

% FLORENCE FACTOR
846 ANCHOR RODE DR.
NAPLES, FL 34103 US

New Mailing Address:

% FLORENCE FACTOR
3435 10TH ST. N SUITE # 303
NAPLES, FL 34103 US

FEI Number: 65-0199866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FACTOR, FLORENCE
108 WILDERNESS DR. #132
NAPLES, FL 34105 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: D ( ) Delete
Name: FACTOR, FLORENCE,
Address: 3430 GULFSHORE BLVD N 3B
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: FACTOR, BERNARD
Address: 3430 GULFSHORE BLVD N 3B
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FACTOR, FLORENCE,
Address: 108 WILDERNESS DR. APT 132
City-St-Zip: NAPLES, FL 34105 US

Title: D (X) Change ( ) Addition
Name: FACTOR, BERNARD
Address: 108 WILDERNESS DR. APT 132
City-St-Zip: NAPLES, FL 34105 US

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: FLORENCE FACTOR, P.A. D 02/06/2009

Electronic Signature of Signing Officer or Director Date