2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L90671

Entity Name: FRENCH & FRENCH, P.A.

Current Principal Place of Business:

105 PEACHTREE DRIVE
LYNN HAVEN, FL 324444623 US

New Principal Place of Business:

105 PEACHTREE DRIVE
LYNN HAVEN, FL 32444 US

Current Mailing Address:

105 PEACHTREE DRIVE
LYNN HAVEN, FL 324444623 US

New Mailing Address:

105 PEACHTREE DRIVE
LYNN HAVEN, FL 32444 US

FEI Number: 59-3020857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRENCH, WALLACE C
105 PEACHTREE DRIVE
LYNN HAVEN, FL 324444623 US

Name and Address of New Registered Agent:

FRENCH, WALLACE C
105 PEACHTREE DRIVE
LYNN HAVEN, FL 32444 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: 01/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FRENCH, WALLACE C
Address: 2137 PITTMAN DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: DST ( ) Delete
Name: FRENCH, GREGORY
Address: 1706 MONTANA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Delete
Name: WALKER, TAMMY R
Address: 2137 PITTMAN DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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:

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: WALLACE C. FRENCH DP 01/30/2009
Electronic Signature of Signing Officer or Director — Date