

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05583

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE GANNON MANAGEMENT COMPANY OF FLORIDA

Current Principal Place of Business:

9150 SW 8 AVE STE 201
MIAMI, FL 33176 US

New Principal Place of Business:

9150 SW 87 AVE STE 201
MIAMI, FL 33176 US

Current Mailing Address:

11301 OLIVE BOULEVARD
ST. LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 59-2460560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOEFLINGER, MICHAEL
11803 NE 11 PLACE
BISCAYNE PARK, FL 33161 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: DV () Delete
Name: GREENE, ROBERT
Address: 11301 OLIVE BLVD
City-St-Zip: SAINT LOUIS, MO 63141

Title: DC () Delete
Name: FRANKE, WILLIAM E.
Address: 11301 OLIVE BLVD
City-St-Zip: SAINT LOUIS, MO 63141

Title: PD () Delete
Name: FIELD, SYBIL C
Address: 9150 SW 87TH STREET, SUITE 201
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: GORDON, TROY W
Address: 11301 OLIVE BLVD.
City-St-Zip: SAINT LOUIS, MO 63141

Title: V () Delete
Name: PENCE, JERALD
Address: 1023 EASTVIEW
City-St-Zip: KIRKWOOD, MO 63122

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:

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 GREENE

VD

04/14/2009

Electronic Signature of Signing Officer or Director

Date