

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M77078

FILED
Jan 16, 2009
Secretary of State

Entity Name: LECHNER & ASSOCIATES, INC.

Current Principal Place of Business:

C/O LISA M. BULL
7737 HOLIDAY DRIVE
SARASOTA, FL 34231

New Principal Place of Business:

S11W32889 TIMBERLINE CIRCLE
DELAFIELD, WI 53018

Current Mailing Address:

C/O LISA M. BULL
7737 HOLIDAY DRIVE
SARASOTA, FL 34231

New Mailing Address:

S11W32889 TIMBERLINE CIRCLE
DELAFIELD, WI 53018

FEI Number: 65-0046255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULL, LISA M
7737 HOLIDAY DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

BULL, LISA M
S11W32889 TIMBERLINE CIRCLE
DELAFIELD, FL 53018 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: LISA M BULL

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BULL, LISA M
Address: 7737 HOLIDAY DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BULL, LISA M
Address: S11W32889 TIMBERLINE CIRCLE
City-St-Zip: DELAFIELD, WI 53018

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: LISA M BULL

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date