2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N93000002383

Entity Name: CPA SOLE PRACTITIONERS, INC.

Current Principal Place of Business:

24 HOLLYWOOD BLVD SW
SUITE 5
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

24 HOLLYWOOD BLVD SW
SUITE 5
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-3183991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOCK, HAROLD C
24 HOLLYWOOD BLVD SW
SUITE 5
FORT WALTON BEACH, FL 32548 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LAMALIE, GARY L	
Address:	430 BRYN ATHYN RD	
City-St-Zip:	MARY ESTHER, FL 32569	
Title:	P	( ) Delete
Name:	YOUNG, DOUG	
Address:	151 REGIONS WAY	
City-St-Zip:	DESTIN, FL 32541	
Title:	VP	( ) Delete
Name:	WELCH, WILLIAM P	
Address:	31 WALTER MARTIN RD	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	T	( ) Delete
Name:	HOCK, HAROLD G	
Address:	24 HOLLYWOOD BLVD SW STE 5	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	S	( ) Delete
Name:	CLAYCOMB, FRANK	
Address:	471 SANDMORE DR	
City-St-Zip:	MARY ESTHER, FL 32569	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD G. HOCK TREA 01/13/2009

Electronic Signature of Signing Officer or Director — Date