

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039444

FILED
Apr 21, 2009
Secretary of State

Entity Name: ROBERT WULBERN, ARCHITECT, P.A.

Current Principal Place of Business:

2320 THIRD STREET, SOUTH
SUITE 1
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

8349 KIM ROAD
JACKSONVILLE, FL 32217

Current Mailing Address:

3233 OLD BARN ROAD
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3636311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WULBERN, ROBERT C DP
2320 THIRD STREET, SOUTH
SUITE 1
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

WULBERN, ROBERT C DP
8349 KIM ROAD
JACKSONVILLE, FL 32217 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: ROBERT C. WULBERN

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WULBERN, ROBERT C
Address: 2320 THIRD STREET, SOUTH SUITE 1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WULBERN, ROBERT C
Address: 8349 KIM ROAD
City-St-Zip: JACKSONVILLE, FL 32217

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 C. WULBERN

DP

04/21/2009

Electronic Signature of Signing Officer or Director

Date