

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106926

FILED
Jan 13, 2009
Secretary of State

Entity Name: CAMINEZ, BROWN AND HARDEE, P.A.

Current Principal Place of Business:

1307 S. JEFFESON ST.
MONTICELLO, FL 32344

New Principal Place of Business:

1307 S. JEFFERSON ST.
MONTICELLO, FL 32344

Current Mailing Address:

1307 S. JEFFESON ST.
MONTICELLO, FL 32344

New Mailing Address:

1307 S. JEFFERSON ST.
MONTICELLO, FL 32344

FEI Number: 59-3680359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMINEZ, JON D
1304 S. JEFFERSON ST.
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

CAMINEZ, JON D
1307 S. JEFFERSON ST.
MONTICELLO, FL 32344 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: JON D CAMINEZ

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMINEZ, JON D
Address: 1307 S. JEFFERSON ST.
City-St-Zip: MONTICELLO, FL 32344

Title: VDT () Delete
Name: BROWN, IAN
Address: 1307 S. JEFFERSON STREET
City-St-Zip: MONTICELLO, FL 32344

Title: VDS () Delete
Name: HARDEE, CARY A III
Address: 1307 S. JEFFERSON STREET
City-St-Zip: MONTICELLO, FL 32344

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: JON D CAMINEZ

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date