2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112755

FILED Apr 09, 2009 Secretary of State

Entity Na	ime: CARLA [DELOACH BRYANT, PA			
Current F	Principal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	ST RIDGEWOO O, FL 32803	DD STREET			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ST RIDGEWOO O, FL 32803	DD STREET			
FEI Number	r: 59-3685894	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1206 EAS	H BRYANT, CA ST RIDGEWOO O, FL 32803	DD STREET			
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	IRE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	BRYANT, C. D) Delete ELOACH DGEWOOD STREET	Name: BRYANT, C.	(X) Change () Addition DELOACH RIDGEWOOD STREET	

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803

VPD () Delete Title: (X) Change () Addition WAGNER, LINDSEY D WAGNER, LINDSEY D Name: Name:

Address: 1206 EAST RIDGEWOOD STREET Address: 1206 EAST RIDGEWOOD STREET

ORLANDO, FL 32803 ORLANDO, FL 32803 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

Name: Name: HAYFORD, SARAH

1206 EAST RIDGEWOOD DRIVE Address: Address:

City-St-Zip: City-St-Zip: ORLANDO, FL 32803

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: CARLA DELOACH BRYANT DPT 04/09/2009