

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117314

FILED
Mar 25, 2009
Secretary of State

Entity Name: STEVEN VOCKELL & ASSOCIATES, INC.

Current Principal Place of Business:

9140 GOLFSIDE DRIVE
SUITE #13N
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9140 GOLFSIDE DRIVE
SUITE #13N
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3681904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, MICHAEL F
10832 PERCHERON DRIVE
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: WARD, MICHAEL F
Address: 10832 PERCHERON DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: O () Delete
Name: SCHOFIELD, STEPHEN R
Address: 2002 CLEMSON ROAD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL F. WARD

CEO

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date