

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084550

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FLORIDA FINANCIAL ASSOCIATES, INC.

## Current Principal Place of Business:

4014 GUNN HIGHWAY  
95  
TAMPA, FL 33618

## New Principal Place of Business:

14452 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613

## Current Mailing Address:

4014 GUNN HIGHWAY  
95  
TAMPA, FL 33618

## New Mailing Address:

P.O BOX 46956  
TAMPA, FL 33646

FEI Number: 59-3630630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILKINS, THOMAS E  
4014 GUNN HIGHWAY  
STE 95  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

WILKINS, THOMAS E  
14452 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613 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: THOMAS WILKINS

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILKINS, THOMAS  
Address: 4971 BAWPAA LANE SOUTH 801-C  
City-St-Zip: SAINT PETERSBURG, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS WILKINS

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date