

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056464

FILED
Mar 24, 2009
Secretary of State

Entity Name: SALLY MASTERS, P.A.

Current Principal Place of Business:

4401 POND APPLE DR S
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4401 POND APPLE DR S
NAPLES, FL 34119

New Mailing Address:

FEI Number: 02-0604958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICHT, MICHAEL A
791 10TH STREET S
SUITE 100
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

LICHT, MICHAEL A
791 10TH STREET S
SUITE 301
NAPLES, FL 34102 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: MICHAEL A LICHT

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASTERS, SALLY A
Address: 4401 POND APPLE DR S
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MASTERS, SALLY A P.A.
Address: 4401 POND APPLE DR S
City-St-Zip: NAPLES, FL 34119

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: SALLY A MASTERS P.A.

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date