## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000087928

Entity Name: DEAN R. HARLOFF, CPA, P.A.

SARASOTA, FL 34238

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2520 N. TAMIAMI TRAIL NOKOMIS, FL 34275 **Current Mailing Address: New Mailing Address:** 5134 COTE DU RHONE WAY SARASOTA, FL 34238 FEI Number: 01-0739490 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARLOFF, DEAN R 5134 COTÉ DU RHONE WAY SARASOTA, FL 34238 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HARLOFF, DEAN R Name: Name: 5134 COTE DU RHONE WAY Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: ( ) Delete Title: Title: () Change () Addition HARLOFF, DEVONNE S Name: Name: 5134 COTE DU RHONE WAY Address: 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: DEAN R HARLOFF PRES 04/29/2009