

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106193

Entity Name: KATHY E. HARRELL, P.A.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

1600 S US HIGHWAY 1
SUITE 200
FORT PIERCE, FL 34950

Current Mailing Address:

1600 S US HIGHWAY 1
SUITE 200
FORT PIERCE, FL 34950

New Principal Place of Business:

1600 S FEDERAL HWY
SUITE 200
FORT PIERCE, FL 34950

New Mailing Address:

1600 S FEDERAL HWY
SUITE 200
FORT PIERCE, FL 34950

FEI Number: 56-2299904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, DANIEL B
1600 S US HIGHWAY 1
SUITE 200
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

HARRELL, DANIEL B
1600 S FEDERAL HWY
SUITE 200
FORT PIERCE, FL 34950 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:

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRELL, KATHY E
Address: 1600 S US HIGHWAY 1 SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: ST () Delete
Name: RUSS, KAREN B
Address: 1600 S US HIGHWAY 1 SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARRELL, KATHY E
Address: 1600 S FEDERAL HWY SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: S/T (X) Change () Addition
Name: RUSS, KAREN B
Address: 1600 S FEDERAL HWY SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

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: KAREN B RUSS

S/T

02/12/2009

Electronic Signature of Signing Officer or Director

Date