2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P03000044303

Entity Name: SHELTON C. SCAIFE, P.A.

Current Principal Place of Business:

2167 AUTUMN COVE CIRCLE
ORANGE PARK, FL 32003

New Principal Place of Business:

4701 U.S. HWY 17, STE 107
ORANGE PARK, FL 32003

Current Mailing Address:

2167 AUTUMN COVE CIRCLE
ORANGE PARK, FL 32003

New Mailing Address:

4701 U.S. HWY 17, STE 107
ORANGE PARK, FL 32003

FEI Number: 57-1161903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCAIFE, SHELTON C
2167 AUTUMN COVE CIRCLE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

SCAIFE, SHELTON C
4701 U.S. HWY 17, STE 10
ORANGE PARK, FL 32003 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: SHELTON C. SCAIFE 02/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCAIFE, SHELTON C
Address: 2167 AUTUMN COVE CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: VP ( ) Delete
Name: SCAIFE, KAREN T
Address: 2167 AUTUMN COVE CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCAIFE, SHELTON C
Address: 4701 U.S. HWY 17, STE 10
City-St-Zip: ORANGE PARK, FL 32003

Title: VP (X) Change ( ) Addition
Name: SCAIFE, KAREN T
Address: 4701 U.S. HWY 17, STE 10
City-St-Zip: ORANGE PARK, FL 32003

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: SHELTON C. SCAIFE P 02/13/2009
Electronic Signature of Signing Officer or Director Date