

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084255

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** EXECUTIVE ABSTRACT RESEARCH, INC.

**Current Principal Place of Business:**

132 EAST BLOOMINGDALE AVENUE  
SUITE B  
BRANDON, FL 33511 US

**New Principal Place of Business:**

150 EAST BLOOMINGDALE AVENUE  
SUITE 192  
BRANDON, FL 33511 US

**Current Mailing Address:**

132 EAST BLOOMINGDALE AVENUE  
SUITE B  
BRANDON, FL 33511 US

**New Mailing Address:**

150 EAST BLOOMINGDALE AVENUE  
SUITE 192  
BRANDON, FL 33511 US

**FEI Number:** 20-0292369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMIGIEL, SANDRA L  
2822 BRYAN ROAD  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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:**

**Title:** P ( ) Delete  
**Name:** SMIGIEL, CHESTER S  
**Address:** 2822 BRYAN ROAD  
**City-St-Zip:** BRANDON, FL 33511 US

**Title:** VP ( ) Delete  
**Name:** SMIGIEL, SANDRA L  
**Address:** 2822 BRYAN ROAD  
**City-St-Zip:** BRANDON, FL 33511 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**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:** SANDRA L. SMIGIEL

VP

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date