

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094097

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: LAW OFFICE OF CHARLENE FRANCIS, P.A.

## Current Principal Place of Business:

1807 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 322401246

## New Principal Place of Business:

1122 THIRD STREET  
SUITE 8  
NEPTUNE BEACH, FL 32266

## Current Mailing Address:

P.O. BOX 51246  
JACKSONVILLE BEACH, FL 322401246

## New Mailing Address:

FEI Number: 26-0073069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOSSETT, KIMBERLY A  
1807 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250      US

## Name and Address of New Registered Agent:

GOSSETT, KIMBERLY A  
1122 THIRD STREET  
SUITE 8  
NEPTUNE BEACH, FL 32266      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/21/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: FRANCIS, CHARLENE  
Address: 1807 NORTH THIRD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 322401246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: FRANCIS, CHARLENE  
Address: 1122 THIRD STREET, SUITE 8  
City-St-Zip: NEPTUNE BEACH, FL 32266

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: CHARLENE FRANCIS

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date