

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107144

FILED
Apr 13, 2009
Secretary of State

Entity Name: W. FALLS & ASSOCIATES, INC.

Current Principal Place of Business:

1621 VISTA COVE RD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

275 OLD VILLAGE CENTER CIR
#6311
ST AUGUSTINE, FL 32084

Current Mailing Address:

1621 VISTA COVE RD
ST AUGUSTINE, FL 32084

New Mailing Address:

275 OLD VILLAGE CENTER CIR
#6311
ST AUGUSTINE, FL 32084

FEI Number: 20-0378586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOTT, ARNOLD H
SLOTT & BAKER
334 EAST DUVAL STREET
JACKSONVILLE, FL 32202 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: D () Delete
Name: FALLS, WILLIAM R
Address: 1621 VISTA COVE RD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP () Delete
Name: FALLS, DONNA M
Address: 11402 BURNSIDE PL
City-St-Zip: SPOTSYLVANIA, VA 22553

Title: VP () Delete
Name: FALLS, RACHEL K
Address: 11402 BURNSIDE PL
City-St-Zip: SPOTSYLVANIA, VA 22553

Title: AO () Delete
Name: RONAN, JULIE F
Address: 964 OAK ARBOR CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP () Delete
Name: WALLACE, DIANA M
Address: 2415 BUCKINGHAM
City-St-Zip: HENRICO, VA 23228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FALLS, WILLIAM R
Address: 275 OLD VILLAGE CENTER CIR.
City-St-Zip: ST AUGUSTINE, FL 32084

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

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

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: WILLIAM R. FALLS

D

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date