2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156859

Entity Name: F. RONALD LACIVITA, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2115 SANORALA DR 2115 SANDRALA DRIVE

SARASOTA, FL 342314445 US SARASOTA, FL 342314445 US

Current Mailing Address: New Mailing Address:

2115 SANDRALA DR 2115 SANDRALA DRIVE

SUITE 202 SARASOTA, FL 342314445 US SARASOTA, FL 342314445 US

FEI Number: 56-2425892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LACIVITA, JERRI U
2115 SANDDRALA DRIVE
2115 SANDRALA DRIVE
SARASOTA, FL 342314445 US
LACIVITA, JERRI U
2115 SANDRALA DRIVE
SARASOTA, FL 342314445 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: 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D () Delete Title: P D (X) Change () Addition Name: LACIVITA, F. RONALD Name: LACIVITA, F. RONALD

 Address:
 2115 SANDRALA DR
 Address:
 2115 SANDRALA DRIVE

 City-St-Zip:
 SARASOTA, FL 342314445 US
 City-St-Zip:
 SARASOTA, FL 342314445 US

Title: VPS () Delete Title: VPS (X) Change () Addition

 Name:
 LACIVITIA, JERRI U
 Name:
 LACIVITIA, JERRI U

 Address:
 2115 SANDRALA DR
 Address:
 2115 SANDRALA DRIVE

 City-St-Zip:
 SARASOTA, FL 342314445 US
 City-St-Zip:
 SARASOTA, FL 342314445 US

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: JERRI U. LACIVITA VP S 01/19/2009