

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033387

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** NATALIE NICHOLS GILLESPIE, INC

**Current Principal Place of Business:**

9490 WHISPER RIDGE TR  
WEEKI WACHEE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

9490 WHISPER RIDGE TR  
WEEKI WACHEE, FL 34613

**New Mailing Address:**

**FEI Number:** 20-0744107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LODEN FRAZE & ASSOC PA  
4601 CENTRAL AVENUE  
ST PETERSBURG, FL 33713 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILLESPIE, NATALIE N  
Address: 9490 WHISPER RIDGE TR  
City-St-Zip: WEEKI WACHEE, FL 34613

I hereby 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 all other like empowered.

SIGNATURE: NATALIE NICHOLS GILLESPIE

P

05/02/2010

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

\_\_\_\_\_  
Date