2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070157

Entity Name: CARRINGTON MADISON MEAD, P.A.

FILED Jan 21, 2009 Secretary of State

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

2330 PARK STREET 3948 ANVERS BOULEVARD JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32210 US

Current Mailing Address: New Mailing Address:

2330 PARK STREET P.O. BOX 7431

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32238 US

FEI Number: 20-1061371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MEAD, CARRINGTON M MEAD, CARRINGTON M 2330 PARK STREET 3948 ANVERS BOULEVARD JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32210 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: CARRINGTON MADISON MEAD 01/21/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition () Delete Title: PRFS

MEAD, CARRINGTON M MEAD, CARRINGTON M Name: Name: 2330 PARK STREET P.O. BOX 7431

Address: Address:

City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: JACKSONVILLE, FL 32238 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: CARRINGTON MADISON MEAD **PRES** 01/21/2009

Electronic Signature of Signing Officer or Director

Date