

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128992

Entity Name: TOWNSEND & COMPANY, P.A.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1804 W BAKER ST
SUITE F
PLANT CITY, FL 33563

Current Mailing Address:

1804 W BAKER ST
SUITE F
PLANT CITY, FL 33563

New Principal Place of Business:

607 S ALEXANDER ST
SUITE 211
PLANT CITY, FL 33563

New Mailing Address:

607 S ALEXANDER ST
SUITE 211
PLANT CITY, FL 33563

FEI Number: 43-2060056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, MELODY R
2804 HOLLOWAY RD
PLANT CITY, FL 33567 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: P () Delete
Name: TOWNSEND, MELODY R
Address: 2804 HOLLOWAY RD
City-St-Zip: PLANT CITY, FL 33567

Title: V () Delete
Name: TOWNSEND, WILLIAM G
Address: 2804 HOLLOWAY RD
City-St-Zip: PLANT CITY, FL 33567

Title: ST () Delete
Name: OBARR, MARIE M
Address: 12505 PADDOCK AVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: OBARR, MARIE M
Address: 129 ATHENIAN WAY
City-St-Zip: TARPON SPRINGS, FL 34689

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: MELODY R TOWNSEND

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date