

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155136

Entity Name: CONNIE OCCHIPINTI, P.A

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

2413 BAYSHORE BLVD
1705
TAMPA, FL 33629

New Principal Place of Business:

9004 ALDWYCH CT.
ODESSA, FL 33556

Current Mailing Address:

2413 BAYSHORE BLVD
1705
TAMPA, FL 33629

New Mailing Address:

9004 ALDWYCH CT.
ODESSA, FL 33556

FEI Number: 20-1883494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCCHIPINTI, CONNIE L
2413 BAYSHORE BLVD
#1705
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

OCCHIPINTI, CONNIE L
9004 ALDWYCH CT.
ODESSA, FL 33556 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: CONNIE L. OCCHIPINTI

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCCHIPINTI, CONNIE L
Address: 2413 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: OCCHIPINTI, ERIKA A
Address: 2413 BAYSHORE BLVD #1705
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OCCHIPINTI, CONNIE L
Address: 9004 ALDWYCH CT.
City-St-Zip: ODESSA, FL 33556

Title: S (X) Change () Addition
Name: OCCHIPINTI, ERIKA A
Address: 9004 ALDWYCH CT.
City-St-Zip: ODESSA, FL 33556

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: CONNIE L. OCCHIPINTI

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date