2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000002406

Entity Name: ROBERT G. CHOQUETTE SR., P.A.

Current Principal Place of Business:

1490 WILDE ST
AVON PARK, FL 33825 US

New Principal Place of Business:

4760 KENILWORTH BLVD
SEBRING, FL 33870 US

Current Mailing Address:

P.O. BOX 474
AVON PARK, FL 33826 US

New Mailing Address:

4760 KENILWORTH BLVD
SEBRING, FL 33870 US

FEI Number: 20-2103201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOQUETTE, ROBERT G SR.
1490 WILDE ST
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

CHOQUETTE, ROBERT G SR.
4760 KENILWORTH BLVD
SEBRING, FL 33870 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: ROBERT G CHOQUETTE SR 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHOQUETTE, ROBERT G SR.
Address: 1490 WILDE ST
City-St-Zip: AVON PARK, FL 33825 US

Title: VP ( ) Delete
Name: CHOQUETTE, BETTY J
Address: 1490 WILDE ST
City-St-Zip: AVON PARK, FL 33825 US

Title: SEC ( ) Delete
Name: PENNY, LISA M
Address: 29 E. MONROE AVENUE
City-St-Zip: AVON PARK, FL 33825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHOQUETTE, ROBERT G SR.
Address: 4760 KENILWORTH BLVD
City-St-Zip: SEBRING, FL 33870 US

Title: VP (X) Change ( ) Addition
Name: CHOQUETTE, BETTY J
Address: 4760 KENILWORTH BLVD
City-St-Zip: SEBRING, FL 33870 US

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

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: ROBERT G. CHOQUETTE SR PRES 04/16/2009
Electronic Signature of Signing Officer or Director Date