

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003783

Entity Name: RICKIE S. VON KILL, P.A.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1067 8TH ST SOUTH, STE 101
NAPLES, FL 34102

New Principal Place of Business:

1067 8TH ST SOUTH
STE 101
NAPLES, FL 34102

Current Mailing Address:

1067 8TH ST SOUTH, STE 101
NAPLES, FL 34102

New Mailing Address:

1067 8TH ST SOUTH
STE 101
NAPLES, FL 34102

FEI Number: 04-3850359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON KILL, RICKIE S
1067 8TH STREET SUTH, STE 101
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

VON KILL, RICKIE S
1067 8TH STREET SOUTH
STE 101
NAPLES, FL 34102 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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: VON KILL, RICKIE S
Address: 4451 GULF SHORE BLVD NORTH #703
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: VON KILL, RICKIE S
Address: 1067 8TH STREET SOUTH, STE 101
City-St-Zip: NAPLES, FL 34102

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: RICKIE VON KILL

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date