

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011107

FILED
Feb 02, 2009
Secretary of State

Entity Name: ALLEN TARRIS & ASSOCIATES, INC.

Current Principal Place of Business:

701 CAPON TERR
SEBASTIAN, FL 32958

New Principal Place of Business:

5002 ARUNDELL CT.
TAMPA, FL 33624

Current Mailing Address:

701 CAPON TERR
SEBASTIAN, FL 32958

New Mailing Address:

5002 ARUNDELL CT.
TAMPA, FL 33624

FEI Number: 20-2204920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, RICHARD
701 CAPON TERR
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

TARRIS, MICHAEL
5002 ARUNDELL CT.
TAMPA, FL 33624 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: MICHAEL TARRIS

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TARRIS, MICHAEL
Address: 5002 ARUNDELL CT
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: ALLEN, RICHARD
Address: 701 CAPON TERR
City-St-Zip: SEBASTIAN, FL 32958

Title: S () Delete
Name: DESANTIS-TARRIS, PAULA
Address: 5002 ARUNDELL CT
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: ALLEN, JULIA
Address: 701 CAPON TERR
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL TARRIS

PD

02/02/2009

Electronic Signature of Signing Officer or Director

Date