2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# P05000059706

Entity Name: LEO B. REARDIN P.A.

Current Principal Place of Business:

800 DATE PALM RD.
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 643719
VERO BEACH, FL 329643719 US

New Mailing Address:

FEI Number: 20-2729371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDIN, BRAD
800 DATE PALM ROAD
VERO BEACH, FL 32963 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEO, REARDIN B
Address: P.O. BOX 640
City-St-Zip: ROSELAND, FL 32957 US

Title: VP ( ) Delete
Name: TAMMI, REARDIN J
Address: P.O. BOX 640
City-St-Zip: ROSELAND, FL 32957 US

Title: SEC ( ) Delete
Name: TAMMI, REARDIN J
Address: P.O. BOX 640
City-St-Zip: ROSELAND, FL 32957 US

Title: TRES ( ) Delete
Name: REARDIN, LEO B
Address: P.O. BOX 640
City-St-Zip: ROSELAND, FL 32957 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEO, REARDIN B
Address: P.O. BOX 643719
City-St-Zip: VERO BEACH, FL 32964 US

Title: VP (X) Change ( ) Addition
Name: TAMMI, REARDIN J
Address: P.O. BOX 643719
City-St-Zip: VERO BEACH, FL 32964 US

Title: SEC (X) Change ( ) Addition
Name: TAMMI, REARDIN J
Address: P.O. BOX 643719
City-St-Zip: VERO BEACH, FL 32964 US

Title: TRES (X) Change ( ) Addition
Name: REARDIN, LEO B
Address: P.O. BOX 643719
City-St-Zip: VERO BEACH, FL 32964 US

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: LEO B REARDIN PRES 07/01/2009

Electronic Signature of Signing Officer or Director Date