

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089824

FILED
Mar 23, 2009
Secretary of State

Entity Name: GAIL KELLER, P.A.

Current Principal Place of Business:

2640 SW RIVERSHORE DRIVE
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

476 NW FETTERBUSH WAY
JENSEN BEACH, FL 34957 US

Current Mailing Address:

2640 SW RIVERSHORE DRIVE
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

476 NW FETTERBUSH WAY
JENSEN BEACH, FL 34957 US

FEI Number: 20-3049183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, GAIL
2640 SW RIVERSHORE DRIVE
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

KELLER, GAIL
476 NW FETTERBUSH WAY
JENSEN BEACH, FL 34957 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: GAIL KELLER

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLER, GAIL
Address: 2640 SW RIVERSHORE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34984 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLER, GAIL
Address: 476 NW FETTERBUSH WAY
City-St-Zip: JENSEN BEACH, FL 34957 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: GAIL KELLER, PA

PA

03/23/2009

Electronic Signature of Signing Officer or Director

Date