

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119612

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** THE LAW OFFICES OF MONICA L. STRICKLAND, P.A.

**Current Principal Place of Business:**

2905 CEDARIDGE DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

402 EAST 7TH AVENUE  
TAMPA, FL 33602

**Current Mailing Address:**

2905 CEDARIDGE DR  
TAMPA, FL 33618

**New Mailing Address:**

402 EAST 7TH AVENUE  
TAMPA, FL 33602

**FEI Number:** 56-2529487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, MONICA ESQ  
2905 CEDARIDGE DR  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

STRICKLAND, MONICA ESQ  
402 EAST 7TH AVENUE  
TAMPA, FL 33602 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/12/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: STICKLAND, MONICA L  
Address: 2905 CEDARIDGE DR  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MONICA L. STRICKLAND

PSTD

01/12/2009

Electronic Signature of Signing Officer or Director

Date