

2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# P05000138867

Entity Name: YVONNE GEDDIE, P.A.

Current Principal Place of Business:

412 RIVER BIRCH LANE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

412 RIVER BIRCH LANE
FLEMING ISLAND, FL 32003 US

Current Mailing Address:

PO BOX 41285
JACKSONVILLE, FL 32203-128 US

New Mailing Address:

FEI Number: 20-3592634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL BUSINESS ASSOCIATES, INC.
4070 HERSCHEL STREET
SUITE 1
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GEDDIE, YVONNE E
Address: 412 RIVER BIRCH LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: () Delete
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GEDDIE, YVONNE E
Address: 412 RIVER BIRCH LANE
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: P () Change (X) Addition
Name: GEDDIE, YVONNE E
Address: 412 RIVER BIRCH LANE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: P () Change (X) Addition
Name: GEDDIE, YVONNE E
Address: 412 RIVER BIRCH LANE
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Title: P () Change (X) Addition
Name: GEDDIE, YVONNE E
Address: 412 RIVER BIRCH LANE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: P () Change (X) Addition
Name: GEDDIE, YVONNE E
Address: 412 RIVER BIRCH LANE
City-St-Zip: FLEMING ISLAND, FL 32003

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: YVONNE E GEDDIE

P

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date