

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007813

Entity Name: ZVONOMIR BULJOVCIC, P.A.

FILED
Mar 06, 2009
Secretary of State

Current Principal Place of Business:

9854 SCRIBNER LANE
WELLINGTON, FL 33414

New Principal Place of Business:

1500 WATERWAY COVE DRIVE
WELLINGTON, FL 33414

Current Mailing Address:

9854 SCRIBNER LANE
WELLINGTON, FL 33414

New Mailing Address:

1500 WATERWAY COVE DRIVE
WELLINGTON, FL 33414

FEI Number: 20-4232266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULJOVCIC, ZVONOMIR
9854 SCRIBNER LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BULJOVCIC, ZVONOMIR
1500 WATERWAY COVE DRIVE
WELLINGTON, FL 33414 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: BULJOVCIC ZVONOMIR

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BULJOVCIC, ZVONOMIR
Address: 9854 SCRIBNER LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BULJOVCIC, ZVONOMIR
Address: 1500 WATERWAY COVE DRIVE
City-St-Zip: WELLINGTON, FL 33414

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: BULJOVCIC ZVONOMIR

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date