

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029362

FILED
Feb 04, 2009
Secretary of State

Entity Name: LAJOLLA PACIFIC OF FLORIDA, INC

Current Principal Place of Business:

9571 IRVINE CENTER DRIVE
IRVINE, CA 92618 US

New Principal Place of Business:

460 GODDARD
IRVINE, CA 92618 US

Current Mailing Address:

15615 ALTON PARKWAY
SUITE 175
IRVINE, CA 92618 US

New Mailing Address:

P.O. BOX 11989
NEWPORT BEACH, CA 92658 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: NEFF, DONALD
Address: 9571 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: S () Delete
Name: NEFF, DONALD
Address: 9571 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: D () Delete
Name: NEFF, DONALD
Address: 9571 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: T () Delete
Name: WHITESELL, CLIFF
Address: 9571 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: BENDEL, CHRISTEL
Address: 9571 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

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: DON NEFF

P

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date