## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000042038

Entity Name: GOUDIE & KOHN, P.A.

City-St-Zip:

TAMPA, FL 33602

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 NORTH ASHLEY DRIVE **SUITE 2180** TAMPA, FL 33602 **New Mailing Address: Current Mailing Address:** 400 NORTH ASHLEY DRIVE 2180 TAMPA, FL 33602 FEI Number: 20-4549168 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUSH ROSS REGISTERED AGENT SERVICES, LLC 1801 NORTH HIGHLAND AVENUE TAMPA, FL 33602 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete () Change () Addition GOUDIE, LYANN Name: Name: 400 NORTH ASHLEY DRIVE, SUITE 2180 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: KOHN, KIMBERLEY Name: 400 NORTH ASHLEY DRIVE, SUITE 2180 Address: Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition KOHN, KIMBERLEY Name: Name: 400 NORTH AHSLEY DRIVE, SUITE 2180 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: SECR ( ) Delete Title: () Change () Addition KOHN, KIMBERLEY Name: Name: Address: 400 NORTH ASHLEY DRIVE, SUITE 2180 Address:

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.

City-St-Zip:

SIGNATURE: KIMBERLEY M. KOHN VP 05/01/2009