## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054771

Entity Name: VOLLRATH-CONDON, P.A.

FILED Feb 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

307 SOUTH FIELDING AVENUE 307 SOUTH FIELDING AVE. TAMPA, FL 33606

SUITE #2

TAMPA, FL 33606

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1007 307 SOUTH FIELDING AVE.

TAMPA, FL 33601 SUITE #2 TAMPA, FL 33606

FEI Number: 20-4767145 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:

CONDON, TIMOTHY CONDON, TIMOTHY 307 SOUTH FIELDING AVENUE 307 SOUTH FIELDING AVE. TAMPA, FL 33606 SUITE #2 TAMPA, FL 33606 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: 02/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title: VOLLRATH, FREDERICK W VOLLRATH, FREDERICK W Name: Name: 307 SOUTH FIELDING AVENUE Address: 307 SOUTH FIELDING AVE., #2 Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

Title: Title: (X) Change ( ) Addition () Delete

Name: CONDON, TIMOTHY Name: CONDON, TIMOTHY

307 SOUTH FIELDING AVENUE Address: 307 SOUTH FIELDING AVE., #2 Address:

TAMPA, FL 33606 TAMPA, FL 33606 City-St-Zip: 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: TIMOTHY CONDON 02/14/2009 S