

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105754

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: VICKI MIDDLEKAUFF, C.M.A., P.A.

## Current Principal Place of Business:

3591 LAWRENCE ROAD  
ORANGE PARK, FL 32065

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 65513  
ORANGE PARK, FL 32065

## New Mailing Address:

FEI Number: 20-5327672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

MIDDLEKAUFF, VICKI  
767 BLANDING BLVD., STE. 110A  
ORANGE PARK, FL 32065 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: VICKI MIDDLEKAUFF

02/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MIDDLEKAUFF, VICKI L  
Address: 3591 LAWRENCE ROAD  
City-St-Zip: ORANGE PARK, FL 32065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MIDDLEKAUFF, VICKI L  
Address: 3591 LAWRENCE ROAD  
City-St-Zip: ORANGE PARK, FL 32065

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: VICKI MIDDLEKAUFF

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date