

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000013428

FILED
Sep 14, 2009
Secretary of State

Entity Name: BRICK CITY ACCOUNTING & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

520 NE 1ST AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

520 NE 1ST AVE
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-8332897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFITT, ADAM J
520 NE 1ST AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

DE ARMAS, DELTON G
520 NE 1ST AVE
OCALA, FL 34470 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: DELTON G. DE ARMAS

09/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MOFFITT, ADAM J
Address: 1027 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: DE ARMAS, DELTON G
Address: 9750 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: DE ARMAS, DELTON G
Address: 9750 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

Title: () Change () Addition
Name:
Address:
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: DELTON G. DE ARMAS

PT

09/14/2009

Electronic Signature of Signing Officer or Director

Date