## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000042466

Entity Name: ANDREW LUSSIER, P.A.

FILED Feb 10, 2009 Secretary of State

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

666 ASTARIAS CIRCLE 15991 OLD WEDGEWOOD CT FORT MYERS, FL 33919 US FORT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

666 ASTARIAS CIRCLE 15991 OLD WEDGEWOOD CT FORT MYERS, FL 33919 US FORT MYERS, FL 33908 US

FEI Number: 20-8839319 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:

LUSSIER, ANDREW
666 ASTARIAS CIRCLE
FORT MYERS, FL 33919 US
LUSSIER, ANDREW
15991 OLD WEDGEWOOD CT.
FORT MYERS, FL 33908 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: 02/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete Name: LUSSIER, ANDREW

Address: 666 ASTARIAS CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

 Title:
 ST
 ( ) Delete

 Name:
 LUSSIER, ANDREW

 Address:
 666 ASTARIAS CIRCLE

City-St-Zip:

LUSSIER, ANDREW 666 ASTARIAS CIRCLE FORT MYERS, FL 33919 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition

Name: LUSSIER, ANDREW

Address: 15991 OLD WEDGEWOOD CT.
City-St-Zip: FORT MYERS, FL 33908 US

Title: ST (X) Change ( ) Addition

Name: LUSSIER, ANDREW

Address: 15991 OLD WEDGEWOOD CT. City-St-Zip: FORT MYERS, FL 33908 US

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: ANDREW LUSSIER PD 02/10/2009