

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060139

Entity Name: DEE C.P.A., P.A.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

2425 TAMIAMI TRAIL NORTH, SUITE 214
NAPLES, FL 34103

New Principal Place of Business:

2425 TAMIAMI TRAIL NORTH, SUITE 214
NAPLES, FL 34103

Current Mailing Address:

2425 TAMIAMI TRAIL NORTH, SUITE 214
NAPLES, FL 34103

New Mailing Address:

2425 TAMIAMI TRAIL NORTH, SUITE 214
NAPLES, FL 34103

FEI Number: 26-0207186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEE, BRUCE D C.P.A.
2425 TAMIAMI TRAIL NORTH, SUITE 214
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

DEE, BRUCE D C.P.A.
2425 TAMIAMI TRAIL NORTH, SUITE 214
NAPLES, FL 34103 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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: DEE, BRUCE D CPA
Address: 2425 TAMIAMI TRAIL NORTH, SUITE 214
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: DEE, BRUCE D
Address: 2425 TAMIAMI TRAIL NO, STE 214
City-St-Zip: N, F 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: DEE, BRUCE D CPA
Address: 2425 TAMIAMI TRAIL NORTH, SUITE 214
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change () Addition
Name: DEE, BRUCE D
Address: 2425 TAMIAMI TRAIL NO, STE 214
City-St-Zip: NAPLES, F 34103

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: BRUCE D DEE

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date