

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065009

Entity Name: FLORIDA GAMCO, INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

521 N. ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

521 N. ADAMS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 06-1822619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, PAMELA P
521 N. ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIRABELLA, FRANK A
Address: 111 DAWN LAUREN LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: FONTAINE, GALE
Address: 2201 NE 44TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S/T () Delete
Name: MCKINNON, PAMELA P
Address: 7050 DUCK COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: EVP () Delete
Name: PRICE, CHARLEY D
Address: 2731 S. BLAIRSTONE ROAD, UNIT 174
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAMELA P. MCKINNON

S/T

04/03/2009

Electronic Signature of Signing Officer or Director

Date