

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091213

Entity Name: OSSI LAW FIRM, P.A.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

6109 NW 47TH PLACE
GAINESVILLE, FL 32653 US

New Principal Place of Business:

4731 NW 53RD AVENUE
SUITE 1
GAINESVILLE, FL 32653 US

Current Mailing Address:

6109 NW 47TH PLACE
GAINESVILLE, FL 32653 US

New Mailing Address:

4731 NW 53RD AVENUE
SUITE 1
GAINESVILLE, FL 32653 US

FEI Number: 26-2396461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSSI, SUSAN M
6109 NW 47TH PLACE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

OSSI, SUSAN M
4731 NW 53RD AVENUE
SUITE 1
GAINESVILLE, FL 32653 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: SUSAN M. OSSI

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSSI, SUSAN M
Address: 6109 NW 47TH PLACE
City-St-Zip: GAINESVILLE, FL 32653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSSI, SUSAN M
Address: 4731 NW 53RD AVENUE, SUITE 1
City-St-Zip: GAINESVILLE, FL 32653 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: SUSAN M. OSSI

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date