

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001455

FILED
Jan 30, 2009
Secretary of State

Entity Name: SHEREE LYNN KILIAN, P. A.

Current Principal Place of Business:

324 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

307 CRANES ROOST BLVD
SUITE 1048
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

324 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

P.O. BOX 160956
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 26-1688881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILIAN, SHEREE L
324 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

KILIAN, SHEREE L
423 BREAKWATER DRIVE
ALTAMONTE SPRINGS, FL 32714 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:

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KILIAN, SHEREE L
Address: 324 NEWBURYPORT AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KILIAN, SHEREE L
Address: 307 CRANES ROOST BLVD; SUITE 1048
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: SHEREE LYNN KILIAN

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date