

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003409

FILED
Jan 19, 2009
Secretary of State

Entity Name: CAMERON L. SCOTT, CPA, P.A.

Current Principal Place of Business:

4424 NW AMERICAN LANE, STE. 101
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

4424 NW AMERICAN LANE, STE. 101
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 26-1652098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUART, PATRICIA
4424 NW AMERICAN LANE, STE. 101
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

SCOTT, CAMERON
4424 NW AMERICAN LANE, STE. 101
LAKE CITY, FL 32055 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: CAMERON SCOTT

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCOTT, CAMERON L.
Address: 4424 NW AMERICAN LANE, STE. 101
City-St-Zip: LAKE CITY, FL 32055

Title: DST () Delete
Name: HALL, TAMMY D.
Address: 4424 NW AMERICAN LANE, STE. 101
City-St-Zip: LAKE CITY, FL 32055

Title: DV () Delete
Name: STUART, PATRICIA
Address: 4424 NW AMERICAN LANE, STE. 101
City-St-Zip: LAKE CITY, FL 32055

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:

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: CAMERON L SCOTT

DP

01/19/2009

Electronic Signature of Signing Officer or Director

Date