

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014320

Entity Name: 909 CONCEPTS INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

3324 WEST UNIVERSITY AVENUE
#157
GAINESVILLE, FL 32607

Current Mailing Address:

3324 WEST UNIVERSITY AVENUE
#157
GAINESVILLE, FL 32607

FEI Number: 28-1894117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

303 SE 17 ST
#309-217
OCALA, FL 34471

New Mailing Address:

303 SE 17 ST
#309-217
OCALA, FL 34471

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD () Delete
Name: HAMMOND, LESTER A III
Address: 3324 WEST UNIVERSITY AVENUE, #157
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: HAMMOND, LESTER A III
Address: 3324 WEST UNIVERSITY AVENUE, #157
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HAMMOND, LESTER A III
Address: 303 SE 17 ST, #309-217
City-St-Zip: OCALA, FL 34471

Title: VP (X) Change () Addition
Name: HAMMOND, LESTER A III
Address: 303 SE 17 ST, #309-217
City-St-Zip: OCALA, FL 34471

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: LESTER HAMMOND III

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04/23/2009

Electronic Signature of Signing Officer or Director

Date