

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015920

FILED
May 05, 2009
Secretary of State

Entity Name: ARMOR TRAFTON & ASSOCIATES, INC.

Current Principal Place of Business:

1519 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

1519 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 26-2052036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAFTON, MARK IV
1516 KILLEARN CENTER BLVD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

TRAFTON, MARK IV
1519 KILLEARN CENTER BLVD
TALLAHASSEE, FL 32309 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: MARK TRAFTON

05/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARMOR, PAUL R
Address: 1516 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: TRAFTON, MARK IV
Address: 1516 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARMOR, PAUL R
Address: 1519 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: TRAFTON, MARK IV
Address: 1519 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

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: MARK TRAFTON

D

05/05/2009

Electronic Signature of Signing Officer or Director

Date