

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017155

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** FOCUSED UNION FOR LIABILITY & ASSET PROTECTION, INC.

**Current Principal Place of Business:**

4935 EAST CR 542  
LAKELAND, FL 33801

**New Principal Place of Business:**

4106 JAMES L REDMAN PKWY  
PLANT CITY, FL 33566

**Current Mailing Address:**

P.O. BOX 6189  
LAKELAND, FL 33807

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, AMY M  
4935 E CR 542  
LAKELAND, FL 33801      US

**Name and Address of New Registered Agent:**

GULLEDGE, AMY M  
4106 JAMES L REDMAN PKWY  
PLANT CITY, FL 33566      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: AMY M GULLEDGE

01/20/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, AMY M  
Address: PO BOX 6189  
City-St-Zip: LAKELAND, FL 33807

Title: VP ( ) Delete  
Name: GULLEDGE, DEREK R  
Address: PO BOX 6189  
City-St-Zip: LAKELAND, FL 33807

Title: S (X) Delete  
Name: SMITH, AMY M  
Address: PO BOX 6189  
City-St-Zip: LAKELAND, FL 33807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: GULLEDGE, AMY M  
Address: PO BOX 6189  
City-St-Zip: LAKELAND, FL 33807

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: AMY M GULLEDGE

PST

01/20/2009

Electronic Signature of Signing Officer or Director

Date