

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047783

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA STATE CORPORATION

Current Principal Place of Business:

3001 S. ATLANTIC AVE APT 533
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

3001 S. ATLANTIC AVE APT 533
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 80-0202190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: WRIGHT, AUBREY H JR
Address: 3001 S ATLANTIC AVE, #533
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Change (X) Addition
Name: NASH, CHARLES I ESQ
Address: 440 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D () Change (X) Addition
Name: MILLS, BARRY MD
Address: 1130 HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D () Change (X) Addition
Name: O'BRIEN, JEFFREY MD
Address: 650 SOUTH COURTENAY PARKWAY, SUITE 200
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Change (X) Addition
Name: NELSON, MICHAEL
Address: 404 OLOLU DRIVE
City-St-Zip: WINTER PARK, FL 32189

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: AUBREY H WRIGHT, JR.

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date