

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069678

Entity Name: COMPTROLLERS, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

200 CAPRI ISLES BLVD, STE 2
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

200 CAPRI ISLES BLVD, STE 2
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 26-3044768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WICKERSON, VELYNDA F
1714 FESSLER STREET
ENGLEWOOD, FL 34223 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: D P () Delete
Name: WICKERSON, VELYNDA F
Address: 1714 FESSLER STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: D VP () Delete
Name: WICKERSON, ANDREW J
Address: 1714 FESSLER STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: D (X) Delete
Name: HOGARTH, RONALD P
Address: 404 CERROMAR DRIVE #218
City-St-Zip: VENICE, FL 34293 US

Title: D (X) Delete
Name: HOGARTH, ELIZABETH J
Address: 404 CERROMAR DRIVE #218
City-St-Zip: VENICE, FL 34293 US

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:

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: VELYNDA F WICKERSON

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date