2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076613

Entity Name: RAULERSON COAKLEY & CO.P.A. CPAS & CONSULTANTS

FILED Jan 30, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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600 W. DR. MARTIN LUTER KING JR. BLVD. 600 W. DR. MARTIN LUTHER KING JR. BLVD.

PLANT CITY, FL 33564 PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

P.O. BOX 848 600 W. DR. MARTIN LUTHER KING JR. BLVD.

PLANT CITY, FL 33564 PLANT CITY, FL 33563

FEI Number: 26-3186266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAULERSON, DANIEL D RAULERSON, DANIEL D

600 W. DR. MARTIN LUTER KING JR. BLVD. 600 W. DR. MARTIN LUTHER KING JR. BLVD.

PLANT CITY, FL 33564 US PLANT CITY, FL 33563 U

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: DANIEL D. RAULERSON 01/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: RAULERSON, DANIEL D Name: RAULERSON, DANIEL D

Address: 600 W. DR. MARTIN LUTER KING JR. BLVD. Address: 2911 ASTON AVENUE City-St-Zip: PLANT CITY, FL 33564 City-St-Zip: PLANT CITY, FL 33566

Title: () Delete Title: T () Change (X) Addition

Name: Name: COAKLEY, JOHN

 Address:
 Address:
 2901 HAMMOCK VISTA COURT

 City-St-Zip:
 City-St-Zip:
 PLANT CITY, FL 33567

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: DANIEL D. RAULERSON D 01/30/2009