

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034843

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ROBERT A. FEDORCHUK FINANCIAL & INSURANCE SERVICES, INC.

## Current Principal Place of Business:

2481 VALLEY DR  
HERMOSA BEACH, CA 90754

## New Principal Place of Business:

## Current Mailing Address:

2481 VALLEY DR  
HERMOSA BEACH, CA 90754

## New Mailing Address:

FEI Number: 59-3278671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HINCKLEY, JAMES ESQ  
109 E CHURCH ST FIFTH FL  
ORLANDO, FL 32802 US

## Name and Address of New Registered Agent:

HINCKLEY, JAMES C ESQ  
109 E CHURCH ST FIFTH FL  
ORLANDO, FL 32802 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: JAMES C, HINKLEY, ESQ

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FEDORCHUK, MARY ANNE  
Address: 2481 VALLEY DR  
City-St-Zip: HERMOSA BEACH, CA 90254

Title: VD ( ) Delete  
Name: FEDORCHUK, DENISE A  
Address: 2481 VALLEY DR  
City-St-Zip: HERMOSA BEACH, CA 90254

Title: TD ( ) Delete  
Name: FEDORCHUK, DEBORAH A  
Address: 2481 VALLEY DR  
City-St-Zip: HERMOSA BEACH, CA 90254

Title: S ( ) Delete  
Name: PARSONS, CHRISTOPHER S  
Address: 185 HENRY ST  
City-St-Zip: SAN FRANCISCO, CA 94114

## 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: MARY ANNE FEDORCHUK

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date