2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P93000038343

Entity Name: SALIWANCHIK, LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

3107 SW WILLISTON RD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

PO BOX 142950
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-3184392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALIWANCHIK, DAVID R
3107 SW WILLISTON ROAD
GAINESVILLE, FL 32608 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: PD ( ) Delete
Name: SALIWANCHIK, DAVID R
Address: 8114 SW 42ND AVE
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete
Name: LLOYD, JEFF
Address: 3107 SW WILLISTON ROAD
City-St-Zip: GAINESVILLE, FL 32608

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SALIWANCHIK, DAVID R
Address: 3107 SW WILLISTON ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: EISENSCHENCK, FRANK C
Address: 3107 SW WILLISTON ROAD
City-St-Zip: GAINESVILLE, FL 32608

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: DAVID R. SALIWANCHIK PD 04/07/2009

Electronic Signature of Signing Officer or Director — Date