

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039981

FILED
Apr 13, 2009
Secretary of State

Entity Name: FLORIDA ACADEMY OF IMPAIRMENT RATINGS, INC.

Current Principal Place of Business:

50 SW 1ST AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

118 SW FORT KING ST
OCALA, FL 34474 US

Current Mailing Address:

3101 SW 34TH AVENUE
905-106
OCALA, FL 34474 US

New Mailing Address:

118 SW FORT KING ST
OCALA, FL 34474 US

FEI Number: 59-3182321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, DOROTHY C
21 MAGNOLIA AVE
SECOND FLOOR
OCALA, FL 34475 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: PST () Delete
Name: SIMS, DOROTHY C
Address: 118 S.W. FT KING ST
City-St-Zip: OCALA, FL 34471 US

Title: VP () Delete
Name: HUNTER, OREGON K JR.
Address: 118 SW FT. KING STREET
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANNPARISE

BOOK

04/13/2009

Electronic Signature of Signing Officer or Director

Date