

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003725

FILED
Feb 10, 2009
Secretary of State

Entity Name: FLORIDA CORPORATE, INC.

Current Principal Place of Business:

1733 W FLETCHER AVE.
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1733 W FLETCHER AVE.
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3219138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, CLIFFORD L
802 11TTH ST W.
BRADENTON, FL 34205 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 () Delete
Name: LEVINE, ABNER
Address: 16858 RIVER BIRCH CIRCLE
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: LEVINE, MILDRED
Address: 16858 RIVER BIRCH CIRCLE
City-St-Zip: DELRAY BEACH, FL

Title: P (X) Delete
Name: LEVIN, RICHARD
Address: 584 HORBLOWER LANE
City-St-Zip: LONGBOAT KEY, FL

Title: VAST () Delete
Name: RICE, SUZANNE
Address: 1733 W. FLETCHER AVE
City-St-Zip: TAMPA, FL

Title: VATS () Delete
Name: LEVIN, STEVEN
Address: 1733 W. FLETCHER AVE
City-St-Zip: TAMPA, FL

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: VAST (X) Change () Addition
Name: RICE, SUZANNE L
Address: 1733 W. FLETCHER AVE
City-St-Zip: TAMPA, FL

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: SUZANNE L. RICE

MGR

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date