2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061192

City-St-Zip:

MARCO ISLAND, FL

DOOG LANIED & DEIEIK DA

FILED Mar 30, 2009 Secretary of State

Entity Name: ROSS, LANIER & DEIFIK, P.A.						
Current Principal Place of Business:				New Principal Place of Business:		
599 NINTH STREET NORTH, #300 NAPLES, FL 34102				599 NINTH STREET NORTH SUITE #300 NAPLES, FL 34102		
Current Mailing Address:				New Mailing Address:		
599 NINTH STREET NORTH, #300 NAPLES, FL 34102			599 NINTH STREET NORTH SUITE #300 NAPLES, FL 34102			
FEI Number:	65-0511629	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LANIER, SUZANNE D 599 NINTH STREET NORTH, #300 SUITE 300 NAPLES, FL 34102 US				LANIER, SUZANNE D 599 NINTH STREET NORTH SUITE #300 NAPLES, FL 34102 US		
The above in the State	named entity : of Florida.	submits this statement for the p	ourpose of	f changing its registered	d office or registered agent, or both,	
SIGNATURE:				03/30/2009		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () LANIER, SUZA 351 WIMBLED NAPLES, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () DEIFIK, CELIA 9138 WINTERV NAPLES, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VPD () ROSS, DONAL 901 IRONWOO			Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PEDRO MIRABAL MGR 03/30/2009