

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093235

Entity Name: WOLLMAN, GEHRKE & SOLOMON, P.A.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

5129 CASTELLO DRIVE
1
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5129 CASTELLO DRIVE
1
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0545582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 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: DP () Delete
Name: WOLLMAN, EDWARD E
Address: 5129 CASTELLO DR, STE. 1
City-St-Zip: NAPLES, FL 34103 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WOLLMAN, EDWARD E
Address: 5129 CASTELLO DR, STE. 1
City-St-Zip: NAPLES, FL 34103 US

Title: DVS () Change (X) Addition
Name: SOLOMON, ERIC L
Address: 3501 BONITA BAY BOULEVARD, SUITE 3
City-St-Zip: BONITA SPRINGS, FL 34134 US

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: EDWARD E. WOLLMAN

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date