2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000016364

Name:

Address:

City-St-Zip:

COSBY, JEFFREY C

1555 PALM BEACH LAKES BLVD, STE 301

WEST PALM BEACH, FL 33401

FILED Jan 12, 2009 Secretary of State

Entity Nar	ne: WILLIA	AMS, LEININGER & COSBY, P.A			
Current Principal Place of Business:			New Principal Place	e of Business:	
SUITE 301	// BEACH L/ WACHOVI _M BEACH,				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 301	// BEACH L/ WACHOVI _M BEACH,				
FEI Number:	65-0559319	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LEININGER, ESQ C S 1555 PALM BCH LAKES BLVD STE 301 WEST PALM BEACH, FL 33401 US			1555 PALM BCH LAF STE 301	LEININGER, CARRI S ESQ 1555 PALM BCH LAKES BLVD STE 301 WEST PALM BEACH, FL 33401 US	
	named enti e of Florida.	ty submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: CARRI S. LEININGER				01/12/2009	
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Car	npaign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	1555 PALM	()Delete /ILLIAMS, JR BEACH LAKES BLVD STE 301 /I BEACH, FL 33401	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:		()Delete , CARRI S BEACH LAKES BLVD STE 301 // BEACH, FL 33401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	S	() Delete	Title [.]	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARRI S. LEININGER ٧ 01/12/2009