2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P95000033424

Entity Name: OFFICIAL REPORTERS, INC.

Current Principal Place of Business:

201 E. ADAMS STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

201 E. ADAMS STREET
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3313304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: S ( ) Delete
Name: GAY, FAYE
Address: 4137 ALESBURY DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: STROLLO, KAVEN
Address: 3846 FEN WICK ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: GRIFFIS, CYNTHIA
Address: 95093 ROSEWOOD LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP ( ) Delete
Name: POWELL, EDMUND J
Address: 3655 BRIDGEWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete
Name: SIMPKINS, MELANIE
Address: 1208 EDGEWATER DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: STROLLO, KAREN
Address: 3846 FENWICK ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MELANIE SIMPKINS T 04/27/2009

Electronic Signature of Signing Officer or Director Date