

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025689

FILED
Apr 21, 2009
Secretary of State

Entity Name: RATH, HARPER & ASSOCIATES, INC.

Current Principal Place of Business:

5405 CYPRESS CENTER DRIVE
STE 320
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5405 CYPRESS CENTER DRIVE
STE 320
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3375180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
201 NORTH ARMENIA AVE
TAMPA, FL 33609 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: VP () Delete
Name: RATH, FRED II
Address: 5405 CYPRESS CENTER DR #320
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: CARR, JUDY
Address: 5405 CYPRESS CTR DR. #320
City-St-Zip: TAMPA, FL 33609

Title: ST () Delete
Name: BLUNN, TIFFANY
Address: 5405 CYPRESS CTR DR. #320
City-St-Zip: TAMPA, FL 33609

Title: GM () Delete
Name: RATH, FRED H
Address: 5405 CYPRESS CENTER DR. 320
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: RATH, JOAN
Address: 5405 CYPRESS CENTER DR 320
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: MARTLING, ROBERT
Address: 5405 CYPRESS CENTER DR 320
City-St-Zip: TAMPA, FL 33609

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: GM (X) Change () Addition
Name: RATH, FRED H
Address: 5405 CYPRESS CENTER DR. #320
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: RATH, JOAN
Address: 5405 CYPRESS CENTER DR #320
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: MARTLING, ROBERT
Address: 5405 CYPRESS CENTER DR #320
City-St-Zip: TAMPA, FL 33609

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: ROBERT A. MARLINTG

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date