2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053206

Entity Name: SUSAN WILCOX & ASSOCIATES, INC.

FILED Mar 11, 2009 Secretary of State

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|---|--|---------------------------------|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| 8817 EL P ORLANDO | RADO), FL 32825 | | | |
| Current Mailing Address: | | | New Mailing Address | 5: |
| | RADO AVE.), FL 32825 | | 8817 EL PRADO ORLANDO, FL 32825 | |
| FEI Number: 59-3517191 FEI Number Applied For () | | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| | SUSAN RADO AVE.), FL 32825 | US | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, |
| SIGNATUR | RE: | | | |
| | Electro | onic Signature of Registered Ag | jent | Date |
| Election Car | mpaign Financi | ng Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (WILCOX, SUS 8817 EL PRA ORLANDO, FI | DO AVE. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | V (KNOBLAUCH, 8817 EL PRA ORLANDO, FI | DO AVE. | Title: Name: Address: City-St-Zip: | () 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.

SIGNATURE: SUSAN WILCOX D 03/11/2009