2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089392

Entity Name: HILL, ADAMS, HALL & SCHIEFFELIN, P.A.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1030 WEST CANTON AVENUE SUITE 201 WINTER PARK, FL 32789				1030 WEST CANTON AVENUE SUITE 200 WINTER PARK, FL 32789		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 1090 WINTER PARK, FL 32792			P.O. BOX 1090 WINTER PARK, FL 32790			
FEI Number:	59-3544884	FEI Number Applied For ()	FEI Num	nber Not Appli	cable () Cer	rtificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HALL, LARRY D 1030 WEST CANTON AVENUE SUITE 201 WINTER PARK, FL 32789 US The above named entity submits this statement for the purpose of				HALL, LARRY D 1030 WEST CANTON AVENUE SUITE 200 WINTER PARK, FL 32789 US of changing its registered office or registered agent, or both.		
in the State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9	
SIGNATUR						04/08/2009
		Signature of Registered Agent				Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCTC () E HILL, G. BRUCE 5225 TIMBERVIE ORLANDO, FL 3			Title: Name: Address: City-St-Zip:	()Cha	inge () Addition
Title: Name: Address: City-St-Zip:	1VD () E ADAMS, JANET V P.O. BOX 191 WINDERMERE, F			Title: Name: Address: City-St-Zip:	()Cha	inge () Addition
Title: Name: Address: City-St-Zip:	PCD () E HALL, LARRY D 728 CRICKLEWO HEATHROW, FL			Title: Name: Address: City-St-Zip:	()Cha	inge () Addition
Title: Name: Address: City-St-Zip:	2VD () E SCHIEFFELIN, TI 424 TIMBER RID LONGWOOD, FL	HOMAS L JR. GE DRIVE		Title: Name: Address: City-St-Zip:	()Cha	inge () Addition
Title: Name: Address: City-St-Zip:	3V () E LIVINGSTON, HE 360 TWELVE OA WINTER SPRING	KS DRIVE		Title: Name: Address: City-St-Zip:	SD (X) Cha LIVINGSTON, HEIDI 1069 WINDING WA' WINTER SPRINGS,	TERS CIRCLE
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	ASD () Cha SMITH, BRIAN L 2107 MERRITT PAR ORLANDO, FL 3286	

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: LARRY D. HALL PCD 04/08/2009