

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027161

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA PROFESSIONAL LICENSING AND REGULATORY CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

1020 E. LAFAYETTE ST., STE. 105  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1030 E. LAFAYETTE ST.  
SUITE NO. ONE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 3025  
TALLAHASSEE, FL 323153025

**New Mailing Address:**

P.O. BOX 3025  
TALLAHASSEE, FL 323153025 US

**FEI Number:** 59-3567944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAIRCLOTH, DOROTHY J  
4556 NW BILLY FAIRCLOTH RD  
BRISTOL, FL 32321 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: P ( ) Delete  
Name: FAIRCLOTH, DOROTHY J  
Address: 4556 NW BILLY FAIRCLOTH RD  
City-St-Zip: BRISTOL, FL 32321

Title: V ( ) Delete  
Name: FAIRCLOTH, WILLIAM J  
Address: 4556 NW BILLY FAIRCLOTH RD  
City-St-Zip: BRISTOL, FL 32321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** DOROTHY J. FAIRCLOTH

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01/19/2009

Electronic Signature of Signing Officer or Director

Date