

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057348

**FILED**  
**Feb 06, 2009**  
**Secretary of State**

**Entity Name:** EILEEN M. PICKERING, P.A.

**Current Principal Place of Business:**

2919 GREY OAKS BLVD  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

2919 GREY OAKS BLVD  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 65-0937997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PICKERING, EILEEN M  
4428 LIVE OAK BOULEVARD  
PALM HARBOR, FL 34685 US

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

PICKERING, EILEEN M  
2919 GREY OAKS BLVD  
TARPON SPRINGS, FL 34688 US

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

02/06/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PICKERING, EILEEN M  
Address: 2919 GREY OAKS BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

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

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: EILEEN M. PICKERING

Electronic Signature of Signing Officer or Director

PRES

02/06/2009

Date