2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076275

Name:

Address:

City-St-Zip:

SMITH, WESTON F

151 24TH AVENUE NORTH

SAINT PETERSBURG, FL 33704

Entity Name: DEACON & MOULDS, P.A.

FILED Jan 22, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
STE 902	ND AVE SO TERSBURG, F	FL 33701			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
STE 902	ND AVE SO TERSBURG, F	FL 33701			
FEI Number	: 59-3596590	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
7843 SÉM SEMINOLI The above	RICHARD P INOLE BLVD. E, FL 33772 named entity e of Florida.	US submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (DEACON, KEN 2459 LAKE PO CLEARWATER	INT LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVPS (MOULDS, GAIL 8220 73RD CC PINELLAS PAR	OURT NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	DT () Delete	Title [.]	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH C. DEACON, JR. P 01/22/2008