

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078995

FILED
Apr 30, 2009
Secretary of State

Entity Name: LOU PONTIGO & ASSOCIATES, INC.

Current Principal Place of Business:

496 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

420 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

496 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

420 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3599471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONTIGO, LUIS A
496 OSCEOLA AVE
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

PONTIGO, LUIS A
420 OSCEOLA AVE
JACKSONVILLE, FL 32250 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: LUIS A. PONTIGO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: PONTIGO, LUIS A
Address: 496 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: PONTIGO, LUIS A
Address: 420 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: LUIS A. PONTIGO

PTS

04/30/2009

Electronic Signature of Signing Officer or Director

Date