## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000102753

Entity Name: PULEO ASSOCIATES, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 529 S. LONGVIEW PLACE LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 529 S. LONGVIEW PLACE LONGWOOD, FL 32779 FEI Number: 06-1579792 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCFARLANE, PETER A 409 S. LAKE ÁVENÜE LAKELAND, FL 33801 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DENNIS, PULRO J Name: Name: 529 S. LONGVIEW PLACE Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete

Name: PUELEO, JOANN A
Address: 529 S. LONGVIEW PLACE
City-St-Zip: LONGWOOD, FL 32779

Name: PULEO, JOANNE A
Address: 529 S. LONGVIEW PLACE

Citv-St-Zip:

LONGWOOD, FL 32779

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: DENNIS J. PULEO PRES 04/30/2009