## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13091

City-St-Zip:

TAMPA, FL 33602

Entity Name: KYNES, MARKMAN & FELMAN, P.A.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
BOX 3396 TAMPA, F					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
BOX 3396 TAMPA, F					
FEI Number	: 59-3036139	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	N, STUART C. ILEY DR STE L 33602 U	1300			
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARKMAN, ST	' DR STE 1300	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	FELMAN, JAM	Y DR STE 1300	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	YANES, KATHI	) Delete ERINE EARLE / DR STE 1300	Title: ( Name: Address:	) 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.

City-St-Zip:

SIGNATURE: STUART C. MARKMAN PD 02/11/2009