2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# V61471

Entity Name: MAURY J. HOLLANDER & ASSOCIATES, P.A.

Current Principal Place of Business:

14662 SILVER GLENN DRIVE E
JACKSONVILLE, FL 32258

New Principal Place of Business:

5115 N PALAFOX STREET
PENSACOLA, FL 32505

Current Mailing Address:

14662 SILVER GLEN DRIVE E
JACKSONVILLE, FL 32258

New Mailing Address:

5115 N PALAFOX STREET
PENSACOLA, FL 32505

FEI Number: 59-3140477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLANDER, MAURY J
14662 SILVER GLEN DR E
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

HOLLANDER, MAURY J
667 MOHEGAN CIRCLE
CANTONMENT, FL 32533 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: 02/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HOLLANDER, MAURY J
Address: 14662 SILVER GLEN DR E
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HOLLANDER, MAURY J
Address: 667 MOHEGAN CIRCLE
City-St-Zip: CANTONMENT, FL 32533

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: MAURY J HOLLANDER PRES 02/05/2009
Electronic Signature of Signing Officer or Director — Date