2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 158743

Title:

Name:

Address:

City-St-Zip:

PD

() Delete

COLEMAN, CHARLES A.

ORMOND BEACH, FL

305 JOHN ANDERSON DRIVE

CONSUMER DISCOUNT COMPANY

FILED Feb 05, 2009 Secretary of State

Entity Nan	ne: CONSUMER DISCOUNT COMPANY	
Current Pr	incipal Place of Business:	New Principal Place of Business:
955 ORANG DAYTONA	GE AVE BEACH, FL 32114 US	955 ORANGE AVE SUITE E DAYTONA BEACH, FL 32114 US
Current Mailing Address:		New Mailing Address:
SUITE K	GE AVENUE BEACH, FL 32114 US	955 ORANGE AVENUE SUITE E DAYTONA BEACH, FL 32114 US
FEI Number:	59-0601637 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BRAY, ROSS C/O CONSUMER DISCOUNT COMPANY 955 ORANGE AVE., STE. K DAYTONA BEACH, FL 32114 US		BRAY, ROSS C/O CONSUMER DISCOUNT COMPANY 955 ORANGE AVE., STE. E DAYTONA BEACH, FL 32114 US
The above in the State		rpose of changing its registered office or registered agent, or both,
SIGNATURE:		02/05/2009
	Electronic Signature of Registered Agent	t Date
Election Carr	npaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete EUBANK III, JAMES 0 410 14TH ST. SAINT AUGUSTINE, FL 32084	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	GM () Delete BRAY, ROSS 2328 KENILWORTH AVE SOUTH DAYTONA, FL 32119	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	STD () Delete COLEMAN, SUSAN H., 20 ELIZABETH LANE DAYTONA BEACH, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	CD () Delete COLEMAN, HARRIETT R., 735 N HALIFAX AVE. DAYTONA BEACH, FL	Title: () Change () Addition Name: Address: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROSS BRAY GM 02/05/2009

() Change () Addition