

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 191343

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: COURTHOUSE PROPERTIES, INC.

**Current Principal Place of Business:**

27 SOUTH ORANGE AVE.  
STE. 1  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

MR CLYDE H WILSON  
27 SOUTH ORANGE AVE.  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 59-0769348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, CLYDE H JR  
27 SOUTH ORANGE AVE  
SARASOTA, FL 34236      US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: WILSON, CLYDE H JR  
Address: 27 S ORANGE AVE  
City-St-Zip: SARASOTA, FL 00000,

Title: STD ( ) Delete  
Name: MEYLAN, STEPHEN G  
Address: 522 MCCALL RD S  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD ( ) Delete  
Name: BAYUS, BRAD L  
Address: 2536 LORDA LANE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: NATHAN, CHILDERS  
Address: 215 PINE RANCH EAST RD.  
City-St-Zip: OSPREY, FL 34229

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.

SIGNATURE: CLYDE WILSON JR.

PD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date