## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 252190** 

FILED Jan 26, 2009 Secretary of State

Entity Name: CAPITAL FORMATION COUNSELORS, INC.

Current Principal Place of Business: New Principal Place of Business:

2934 WEST BAY DRIVE 2934 WEST BAY DRIVE

P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770 US

Current Mailing Address: New Mailing Address:

US

2934 WEST BAY DRIVE P.O. BOX 1168

BELLEAIR BLUFFS, FL 33770

BELLEAIR BLUFFS, FL 33779 US

FEI Number: 59-1050136 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:

ROBERTS, OWEN J MILHAN, RANDALL J
2934 W. BAY DRIVE, P.O. BOX 1168 2934 W. BAY DRIVE

BELLEAIR BLUFFS, FL 33770 US BELLEAIR BLUFFS, FL 33770 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: RANDALL J. MILHAN 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ROBERTS, OWEN J.
 Name:
 ROBERTS, OWEN J.

 Address:
 2934 W. BAY DRIVE
 Address:
 2934 W. BAY DRIVE

City-St-Zip: BELLEAIR BLUFFS, FL 33770

 Title:
 AS () Delete
 Title:
 AS (X) Change () Addition

 Name:
 MC CLINTOCK, JOSEPHINE
 Name:
 MCCLINTOCK, JOSEPHINE P

 Address:
 2934 W. BAY DRIVE
 Address:
 2934 W. BAY DRIVE

City-St-Zip: BELLEAIR BLUFFS, FL City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: JOSEPHINE P. MCCLINTOCK SEC 01/26/2009

Electronic Signature of Signing Officer or Director

Date