## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 339454** 

**Entity Name: 6823 CORPORATION** 

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6823 N OCEAN BLVD OCEAN RIDGE, FL 33435 **Current Mailing Address: New Mailing Address:** 6855 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 FEI Number: 59-1320328 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: BALLERANO, JR., JAMES A 1201 GEORGE BÚSH BOULEVARD DELRAY BEACH, FL 33483 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition TOD, DAVID AHLEFELDT, LOUISE MRS Name: Name: 6823 N. OCEAN BLVD. 6823 N. OCEAN BLVD. Address: Address: City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: OCEAN RIDGE, FL 33435 Title: VPD Title: () Delete (X) Change ( ) Addition VALENTINE. HENRY Name: Name: CUTTING, JOHN MRS 6823 N. OCEAN BLVD. 6823 N. OCEAN BLVD. Address: Address: OCEAN RIDGE, FL 33435 OCEAN RIDGE, FL 33435 City-St-Zip: City-St-Zip: ( ) Delete Title: VD Title: (X) Change ( ) Addition CUTTING, JOHN MRS. KELLY, CATHY Name: Name: 6823 N. OCEAN BLVD. 6823 N. OCEAN BLVD. Address: Address: City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: OCEAN RIDGE, FL 33435 Title: () Delete Title: (X) Change ( ) Addition AHLEFELDT, LOUISE HOLLO, JANE MS Name: Name: Address: 6823 N. OCEAN BLVD. Address: 6823 N. OCEAN BLVD. City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: OCEAN RIDGE, FL 33435 Title: TD Title: (X) Change ( ) Addition () Delete OLD, JONATHAN VALENTINE, HENRY Name: Name: 6823 N. OCEAN BLVD. Address: 6823 N. OCEAN BLVD. Address: City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: OCEAN RIDGE, FL 33435

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: CATHY KELLY S 04/28/2009