

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349582

FILED
Mar 19, 2009
Secretary of State

Entity Name: CAHILLS OF NORTH TAMPA INC

Current Principal Place of Business:

8920 NORTH ARMENIA AVENUE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

8920 NORTH ARMENIA AVENUE
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-1269436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDGEWAY, DANIEL L.
19501 PINE VALLEY DR
ODESSA, FL 33556 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: P () Delete
Name: RIDGEWAY, DANIEL L.,
Address: 19501 PINE VALLEY DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: VP () Delete
Name: RIDGEWAY, MARK D.,
Address: 1703 BEDINGFIELD
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: RIDGEWAY, LINDA L.,
Address: 19501 PINE VALLEY DR.
City-St-Zip: ODESSA, FL 33556

Title: AVP () Delete
Name: RIDGEWAY, CHARLES E.,
Address: 1713 W. LOUISIANA AVE
City-St-Zip: TAMPA, FL 33603

Title: AVP () Delete
Name: RIDGEWAY, MICHAEL J.,
Address: 30801 REED RD
City-St-Zip: DADE CITY, FL 33525

Title: AVP () Delete
Name: RIDGEWAY, PAUL L.,
Address: 18712 PLANNERS WAY
City-St-Zip: TAMPA, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DANIEL L. RIDGEWAY

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date