

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 412574

FILED
Mar 20, 2009
Secretary of State

Entity Name: F P CADE & SONS, INC

Current Principal Place of Business:

543 RAULERSON RD.
P O BOX 33
SEVILLE, FL 32190

New Principal Place of Business:

543 RAULERSON RD.
BOX 33
SEVILLE, FL 32190

Current Mailing Address:

543 RAULERSON RD.
P O BOX 33
SEVILLE, FL 32190

New Mailing Address:

543 RAULERSON RD.
BOX 33
SEVILLE, FL 32190

FEI Number: 59-0963640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADE, JOHN PASCO
543 RAULERSON RD
SEVILLE, FL 32190 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: CADE, JOHN P,
Address: 543 RAULERSON RD
City-St-Zip: SEVILLE, FL 32190

Title: SD () Delete
Name: CADE, FORREST E,
Address: 2111 MCBRIDE RD
City-St-Zip: SEVILLE, FL 32190

Title: VD () Delete
Name: CADE, JAMES L,
Address: 526 CR 305
City-St-Zip: SEVILLE, FL 32190

Title: TD () Delete
Name: RIVERS, CHARLES D.,
Address: 2136 MCBRIDE RD
City-St-Zip: SEVILLE, FL 32190

Title: V () Delete
Name: RIVERS, IRIS CADE,
Address: 2136 MCBRIDE RD
City-St-Zip: SEVILLE, FL 32190

Title: V (X) Delete
Name: CADE, VANN P.,
Address: 2145 MCBRIDE RD
City-St-Zip: SEVILLE, FL 32190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: CADE, JAMES L,
Address: 2075 MCBRIDE RD
City-St-Zip: SEVILLE, FL 32190

Title: () Change () Addition
Name:
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: JOHN P. CADE

PD

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date