

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 413947

FILED
Feb 06, 2009
Secretary of State

Entity Name: KUHARSKE PROPERTIES, INC.

Current Principal Place of Business:

9210 BAYLAKE ROAD
GROVELAND, FL 32736 US

New Principal Place of Business:

Current Mailing Address:

3342 PINEHURST DR
LAKE WORTH, FL 334671420 US

New Mailing Address:

FEI Number: 59-1428886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOEMAKER, D P
3342 PINEHURST DRIVE
LAKE WORTH, FL 334671420 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: KUHARSKE, EDWARD
Address: 2105 ALAN ST. APT. 4
City-St-Zip: IDAHO FALLS, ID 83404

Title: T () Delete
Name: SHOEMAKER, DOUGLAS
Address: 3342 PINEHURST DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: KUHARSKE, CYNTHIA
Address: 9210 BAYLAKE ROAD
City-St-Zip: GORELAND, FL 32736

Title: S () Delete
Name: BAYSINGER, NANCY
Address: 12648 LAKE SHORE DR.
City-St-Zip: CLERMONT, FL 34711

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
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: D. P. SHOEMAKER

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date