

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556170

FILED
May 14, 2009
Secretary of State

Entity Name: COLE, BRUMLEY & EICHNER, INC.

Current Principal Place of Business:

3808 STATE HIGHWAY 426
GENEVA, FL 32732

New Principal Place of Business:

Current Mailing Address:

3808 STATE HIGHWAY 426
P.O. BOX 205
GENEVA, FL 32732

New Mailing Address:

FEI Number: 59-1790834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICHNER, LAMBERT J III
3808 STATE HWY 426
P. O. BOX 205
GENEVA, FL 32732 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: EICHNER, L. JOHN
Address: 131 CYPRESS POINT
City-St-Zip: ST. SIMONS ISLAND, GA 31522

Title: VS () Delete
Name: EICHNER, LAMBERT G.
Address: 963 BOULDER LANE
City-St-Zip: BERWYN, PA 19312

Title: S () Delete
Name: EICHNER, BEVERLY (ASST)
Address: 963 BOULDER LANE
City-St-Zip: BERWYN, PA 19312

Title: T () Delete
Name: EICHNER, JO ANN (ASST)
Address: 131 CYPRESS POINT
City-St-Zip: ST. SIMONS ISLAND, GA 31522

Title: VP () Delete
Name: EICHNER, LAMBERT J III
Address: 3808 STATE ROAD 426
City-St-Zip: GENEVA, FL 32732

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:

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: LAMBERT JOHN EICHNER III

VP

05/14/2009

Electronic Signature of Signing Officer or Director

Date