2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 669441

Entity Name: XTRA ASSOCIATES, INC.

Current Principal Place of Business:

201 LANG RD.
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

201 LANG RD.
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-2020036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORVELL, ROBERT D.
201 LANG RD.
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

NORVELL, ROBERT D
212 FLIVA AVE.
FT. WALTON BEACH, FL 32548 US

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: ROBERT D. NORVELL 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NORVELL, ROBERT D.
Address: 201 LANG RD.
City-St-Zip: FT. WALTON BEACH, FL

Title: D ( ) Delete
Name: NORVELL, JOYCE M.
Address: 212 FLIVA DR. N.W.
City-St-Zip: FT. WALTON BEACH, FL

Title: D ( ) Delete
Name: NORVELL, JAMES G.
Address: 201 LANG RD.
City-St-Zip: FT. WALTON BEACH, FL

Title: D (X) Delete
Name: NORVELL, THOMAS D.
Address: 201 LANG RD.
City-St-Zip: FT. WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NORVELL, ROBERT D
Address: 212 FLIVA AVE. NW
City-St-Zip: FT. WALTON BEACH, FL 32548 OK

Title: VP (X) Change ( ) Addition
Name: NORVELL, THOMAS D
Address: 212 FLIVA AVE. N.W.
City-St-Zip: FT. WALTON BEACH, FL 32548 OK

Title: VP (X) Change ( ) Addition
Name: NORVELL, JAMES G
Address: 123 PRYOR DR
City-St-Zip: MARY ESTHER, FL 32569 OK

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: ROBERT D. NORVELL P 04/23/2009
Electronic Signature of Signing Officer or Director Date