

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722635

FILED
Apr 21, 2009
Secretary of State

Entity Name: NORTH TRITON ARMS, INC.

Current Principal Place of Business:

171 N. ATLANTIC AVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1980 N ATLANTIC AVE #701
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-1447782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, PETEY
1980 N ATLANTIC AVE #701
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

SOILEAU, JOHN
3490 N US HWY 1
COCOA, FL 32923 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: JOHN SOILEAU

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BOOTH, EDWIN
Address: 171 N ATLANTIC AVE #19
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D () Delete
Name: PENNY, DON
Address: 171 N. ATLANTIC #39
City-St-Zip: COCOA BEACH, FL 32931

Title: VD () Delete
Name: SHEFFIELD, VIKI
Address: 191 N. ATLANTIC AVE. #35
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: LAFOND, ANN
Address: 191 N. ATLANTIC AVE. #25
City-St-Zip: COCOA BEACH, FL 32931 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: PENNY, DON
Address: 171 N. ATLANTIC #39
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change () Addition
Name: HIRKALA, MIKE
Address: 191 N. ATLANTIC AVE. #27
City-St-Zip: COCOA BEACH, FL 32931

Title: PD (X) Change () Addition
Name: FEW, MARYJOE
Address: 191 N. ATLANTIC AVE. #24
City-St-Zip: COCOA BEACH, FL 32931 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HIRKALA

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date