

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745753

FILED
Apr 15, 2009
Secretary of State

Entity Name: CATAMARAN II, INCORPORATED

Current Principal Place of Business:

2400 S. OCEAN DRIVE
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

PO BOX 15279
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 59-2069086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL ROSENBAUM
250 AUSTRALIAN AVE SOUTH
STE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ASOCIATED CORPORATE SERVICES,LLC
6111 BROKEN SOUND PARKWAY NW
STE 200
BOCA RATON, FL 33487 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: LOU CAPLAN

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TURNER, LARRY
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: SD () Delete
Name: FRAZEE, CAROL
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34949

Title: VD () Delete
Name: DUNLAP, JACK
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: TD () Delete
Name: CAVIL, ERIC
Address: O BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: D () Delete
Name: HARMON, LEWIS
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: PD () Delete
Name: HUCHTA, ANTHONY
Address: POST OFFICE BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

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: TD (X) Change () Addition
Name: CAVILL, ERIC
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

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

Title: PD (X) Change () Addition
Name: KUCHTA, ANTHONY
Address: POST OFFICE BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

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: ANTHONY KUCHTA

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date