2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755643

FILED Mar 23, 2009 Secretary of State

Entity Name: SUNDOWN PATROL OF LEE COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** PAGE FIELD AVIATION CENTER PAGE FIELD FT MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** PO BOX 1107 CAPE CORAL, FL 33910 FEI Number: 59-2068019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INGRAHAM, JOHN CHRISTMAN, CRAIG 14220 ROYÁL HARBOUR CT. #608 13235 WINSFORD LANE FORT MYERS, FL 33908 FORT MYERS, FL 33966 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: CRAIG CHRISTMAN 03/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KAYUSA, MICHAEL Name: Name: PO BOX 6096 Address: Address: City-St-Zip: FORT MYERS, FL 33911 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SUTTON, WILLIAM Name: Address: 14556 NEW HAMPTON PLACE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: (X) Change () Addition INGRAHAM, JOHN Name: CHRISTMAN, CRAIG Name: 14220 ROYAL HARBOUR CT. #608 13235 WINSFORD LANE Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33966 Title: () Delete Title: () Change (X) Addition Name: Name: LEAMER, MARSHA Address: Address: 12100 MOSS DRIVE City-St-Zip: City-St-Zip: FT. MYERS, FL 33908

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: CRAIG CHRISTMAN TD 03/23/2009