2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 758673

Entity Name: FULL CIRCLE CO-OP, INC.

Current Principal Place of Business:

96 NW 6TH AVE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

4563 BRADY BLVD.
DELRAY BCH, FL 334453244 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAIMAN, MICHAEL
4563 BRADY BLVD.
DELRAY BEACH, FL 334453244 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

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	MARSHALL, STEVE	
Address:	551 N MILITARY TRAIL	
City-St-Zip:	WEST PALM BCH, FL	
Title:	PD	( ) Delete
Name:	PILATO, MARIE	
Address:	98 NW 6TH AVENUE	
City-St-Zip:	BOCA RATON, FL	
Title:	SD	( ) Delete
Name:	STREET, LORIANNE	
Address:	254 NW 6TH AVE	
City-St-Zip:	BOCA RATON, FL	
Title:	D	( ) Delete
Name:	RAIMAN, MICHAEL	
Address:	4563 BRADY BLVD.	
City-St-Zip:	DELRAY BCH, FL 334453244	
Title:	T	( ) Delete
Name:	OTTIMER, LYNN	
Address:	4563 BRADY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33445	

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

SIGNATURE: MICHAEL RAIMAN D 04/13/2009

Electronic Signature of Signing Officer or Director — Date