2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#837024

TRUEBLOOD, TOD A

LANESVILLE, IN 40736

6111 PONDEROSA RD NE

Name:

Address:

City-St-Zip:

FILED Jan 15, 2009 Secretary of State

Entity Name: CALDWELL TANKS, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ER ROAD E, KY 40219					
Current Mailing Address:			New Mailing Address:			
P.O. BOX LOUISVILL	35770 .E, KY 40232					
FEI Number	61-0148890	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 S. PII	ORATION SYS NE ISLAND RO ON, FL 33324)AD				
The above in the State	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT () FINEMAN, BERI 12307 FOREST ANCHORAGE, F	SCHOOL	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () GALLAGHER, K 2627 LANDOR A LOUISVILLE, K	NVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROBINSON, JAI 7527 STATE RE LANESVILLE, IN	62	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	S ()	Delete	Title:	S	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

GESWEIN, BARRY L

3521 CHARLEVOIX

FLOYDS KNOBS, IN 47119

SIGNATURE: BARRY GESWEIN **SECR** 01/15/2009