

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09258

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: FLORIDA BROADACRE TRAILER LODGE, INC.

## Current Principal Place of Business:

% PAUL R GRISSOM  
3901 BAHIA VISTA ST., BAHIA VISTA ESTATES  
SARASOTA, FL 34232

## New Principal Place of Business:

## Current Mailing Address:

% SCOTT H. GRISSOM  
3901 BAHIA VISTA ST., BAHIA VISTA ESTATES  
SARASOTA, FL 34232

## New Mailing Address:

FEI Number: 59-2056342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRISSOM, SCOTT H.  
3901 BAHIA VISTA ST  
SARASOTA, FL 34232      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRISSOM, PAUL R  
Address: 204 WESTMORELAND CT  
City-St-Zip: SARASOTA, FL 34243

Title: P ( ) Delete  
Name: GRISSOM, SCOTT H  
Address: 514 129TH ST NE  
City-St-Zip: BRADENTON, FL 34212

Title: VP ( ) Delete  
Name: GRISSOM, STEVEN L  
Address: 941 PLEASANT ESTATES DR  
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete  
Name: GRISSOM, SAMUEL P  
Address: 104 NOAH'S MILL RD.  
City-St-Zip: MADISON, MS 39110

## 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:

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.

SIGNATURE: SCOTT H. GRISSOM

P

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date