2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# H48564

Entity Name: STORYBOOK COTTAGE, INC.

Current Principal Place of Business:

3800 CRILL AVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

7 CONTERA DRIVE
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2504206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAMM, JEFFREY H
7 CONTERA DRIVE
ST. AUGUSTINE, FL 32080 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: PD ( ) Delete
Name: KAMM, JEFFREY H
Address: 7 CONTERA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VSD ( ) Delete
Name: KAMM, TERRI L
Address: 7 CONTERA DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD ( ) Delete
Name: JOSEPH, FRIEDMAN A
Address: 3800 CRILL AVE
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: BLACKWELDER, NANCY
Address: 202 SQUIRREL TREE TRAIL
City-St-Zip: SATSUMA, FL 32189

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: JEFFREY H KAMM PD 02/24/2009

Electronic Signature of Signing Officer or Director Date