

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05309

FILED
May 03, 2009
Secretary of State

Entity Name: CAHOURS BROTHERS CONSULTANTS, INC.

Current Principal Place of Business:

16526 LAKESHORE DRIVE
CLERMONT, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 645
MINNEOLA, FL 34755 US

New Mailing Address:

FEI Number: 65-0179505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGHOLTZ, RICHARD S.
411 NORTH DONNELLY STREET
MOUNT DORA, FL 32756 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: KP () Delete
Name: CAHOURS, H. A. JR
Address: 16526 LAKESHORE DRIVE
City-St-Zip: MINNEOLA, FL 34755

Title: D () Delete
Name: CAHOURS, GORDON
Address: 16526 LAKESHORE DRIVE
City-St-Zip: MINNEOLA, FL 34755

Title: D () Delete
Name: CAHOURS, KEVIN
Address: 586 SUMMERWOOD DRIVE
City-St-Zip: MINNEOLA, FL 34755

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:

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: H A CAHOURS JR

KP

05/03/2009

Electronic Signature of Signing Officer or Director

_____ Date