

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L05309

**FILED**  
**May 01, 2012**  
**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  
3747 LAKE CENTER DRIVE  
MOUNT DORA, FL 32757 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: KP  
Name: CAHOURS, H. A. JR  
Address: 16526 LAKESHORE DRIVE  
City-St-Zip: MINNEOLA, FL 34755

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

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

I hereby 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 all other like empowered.

SIGNATURE: H A CAHOURS JR

KP

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date