

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L49179

FILED
Mar 20, 2009
Secretary of State

Entity Name: CATHERINE NOVAK, E.A. INC.

Current Principal Place of Business:

8695 COLLEGE PARKWAY
266
FORT MYERS, FL 33919 US

Current Mailing Address:

8695 COLLEGE PARKWAY
266
FORT MYERS, FL 33919 US

New Principal Place of Business:

8695 COLLEGE PARKWAY
2262
FORT MYERS, FL 33919 US

New Mailing Address:

8695 COLLEGE PARKWAY
2262
FORT MYERS, FL 33919 US

FEI Number: 65-0177815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVAK, CATHERINE
8695 COLLEGE PARKWAY
266
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

NOVAK, CATHERINE
8695 COLLEGE PARKWAY
2262
FORT MYERS, FL 33919 US

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: CATHERINE NOVAK

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOVAK, CATHERINE
Address: 8695 COLLEGE PARKWAY # 266
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: SCHMIDT, BRIAN
Address: 8695 COLLEGE PARKWAY # 266
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOVAK, CATHERINE
Address: 8695 COLLEGE PARKWAY # 2262
City-St-Zip: FORT MYERS, FL 33919

Title: VP (X) Change () Addition
Name: SCHMIDT, BRIAN
Address: 8695 COLLEGE PARKWAY # 2262
City-St-Zip: FORT MYERS, FL 33919

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: CATHERINE NOVAK

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03/20/2009

Electronic Signature of Signing Officer or Director

Date