## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008835

Entity Name: C5D, INC.

FILED May 08, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
927 HOFFNER AVE ORLANDO, FL 32809		2515 BIG PINE VALRICO, FL 33508	
Current Mailing Address:		New Mailing Address:	
	ERSET SHORES COURT D, FL 32819		
	54-2119264 FEI Number Applied For() FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:		
	NDRA M ERSET SHORES COURT ), FL 32819 US		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing	its registered office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	CEO ( ) Delete HARVEY, MARVIN 927 HOFFNER AVE ORLANDO, FL 32809	Title: Name: Address: City-St-Zip:	CEO (X) Change ( ) Addition HARVEY, MARVIN 2515 BIG PINE VALRICO, FL 33508
Title: Name: Address: City-St-Zip:	D () Delete WALLER, ANGELIA 445 31ST STREET, NORTH SAINT PETERSBURG, FL 33713	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMSON, PAUL MD 110 W UNDERWOOD ST ORLANDO, FL 32809	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	P ( ) Delete LUETZOW, JAMES 380 RINGWOOD CIRCLE WINTER SPRINGS, FL 32708	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S,T ( ) Delete FRITZ, SANDRA M 7535 SOMERSET SHORES COURT ORLANDO, FL 32819	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete TAYLOR, THOMAS M DR 2523 WEST JEFFON AVENUE TAMPA, FL 33629	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LUETZOW P 05/08/2009