

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007938

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: CUSAVERS, INC.

## Current Principal Place of Business:

711 E. HENDERSON AVENUE  
TAMPA, FL 33606

## New Principal Place of Business:

711 E. HENDERSON AVENUE  
TAMPA, FL 33602

## Current Mailing Address:

POST OFFICE BOX 172599  
TAMPA, FL 336022509

## New Mailing Address:

POST OFFICE BOX 172599  
TAMPA, FL 336022509 US

FEI Number: 03-0603264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRECO, FRANK J  
708 SOUTH CHURCH AVENUE  
TAMPA, FL 33609 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: PRES ( ) Delete  
Name: GERMAIN, TRACI MS.  
Address: 4207 SOUTH DALE MABRY # 9203  
City-St-Zip: TAMPA, FL 33611

Title: VP ( ) Delete  
Name: BAKER, BRAD  
Address: 805 EAST RIVER DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TSR ( ) Delete  
Name: WILSON, SUZANE  
Address: 112 DEBUEL ROAD  
City-St-Zip: LUTZ, FL 33549

Title: SEC (X) Delete  
Name: WALSH, LANA  
Address: P.O. BOX 5685  
City-St-Zip: CLEARWATER, FL 33758

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BAKER, BRAD MR.  
Address: 805 EAST RIVER DRIVE  
City-St-Zip: TAMPA, FL 33617

Title: SEC (X) Change ( ) Addition  
Name: WALSH, LANA MS  
Address: P.O. BOX 5685  
City-St-Zip: CLEARWATER, FL 33758

Title: TSR (X) Change ( ) Addition  
Name: WILSON, SUZANE MS  
Address: 112 DEBUEL ROAD  
City-St-Zip: LUTZ, FL 33549

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

SIGNATURE: BRAD BAKER

PRES

01/16/2009

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

\_\_\_\_\_  
Date