2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N06000008182

Entity Name: CHARLOTTE COUNTY PROSPECT SHOW, INC.

Current Principal Place of Business:

35910 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL P. HAYMANS
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-5663698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYMANS, MICHAEL P
99 NESBIT STREET
PUNTA GORDA, FL 33950 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:	P	( ) Delete
Name:	EDWARDS, ROBERT	
Address:	35910 WASHINGTON LOOP ROAD	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	VD	( ) Delete
Name:	FORD, SCOTT	
Address:	3321 AMES STREET	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	OUTLAW, LAVERN	
Address:	6286 GEWANT BOULEVARD	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	STD	( ) Delete
Name:	EDWARDS, PATRICIA	
Address:	35910 WASHINGTON LOOP ROAD	
City-St-Zip:	PUNTA GORDA, FL 33982	

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:	
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: LAVERN H. OUTLAW D 04/23/2009

Electronic Signature of Signing Officer or Director — Date