2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000497

Entity Name: C. TOLER ENTERPRIZES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3332 TWO SISTERS WAY 2305A SMITH AVE

PENSACOLA, FL 32505 US PENSACOLA, FL 32507 US

Current Mailing Address: New Mailing Address:

3332 TWO SISTERS WAY 2305A SMITH AVE

PENSACOLA, FL 32505 US PENSACOLA, FL 32507 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRYANT, SELINA M TOLER, CEDRIC 171 CARRIER DRIVE 2305A SMITH AVE

PENSACOLA, FL 32506 US PENSACOLA, FL 32507 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: CEDRIC TOLER 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 TOLER, CEDRIC
 Name:
 TOLER, CEDRIC

 Address:
 3332 TWO SISTERS WAY
 Address:
 2305A SMITH AVE

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:
 PENSACOLA, FL 32507

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 TOLER, ANGELA

 Name:
 TOLER, ANGELA

Address: 3332 TWO SISTERS WAY Address: 2305A SMITH AVE
City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete Title: () Change () Addition

 Name:
 BRYANT, SELÍNA M
 Name:

 Address:
 171 CARRIER DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32506
 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: SELINA M. BRYANT S 04/22/2009