

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001016

FILED
Jun 26, 2009
Secretary of State

Entity Name: CITY LITES INC

Current Principal Place of Business:

79 WESTBURY LANE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

79 WESTBURY LANE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 26-1786129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, IRVING
79 WESTBURY LANE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

ROBINSON, IRVING W DR.
79 WESTBURY LANE
PALM COAST, FL 32164 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: IRVING W. ROBINSON

06/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, IRVING
Address: 79 WESTBURY LANE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: SIMS, JAMES
Address: 52 WOODFIELD DR
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: ADAMS, EMMA
Address: 32 BREEZE HILL LN
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: PAOLUCCI, NINA
Address: 25 WOODLYN LN
City-St-Zip: PALM COAST, FL 32164

Title: P () Delete
Name: BROWN, DOUGLAS
Address: 16 RIVERA DR
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ADAMS, EMMA
Address: 32 BREEZE HILL LN
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Change () Addition
Name: PAOLUCCI, NINA
Address: 25 WOODLYN LN
City-St-Zip: PALM COAST, FL 32164

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: IRVING W. ROBINSON

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date