2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N15160

Entity Name: PUNTA GORDA DAYS, INC.

Current Principal Place of Business:

326 MARION AVENUE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510486
PUNTA GORDA, FL 339510486 US

New Mailing Address:

FEI Number: 59-2674886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDLES, JOAN E
26060 SEMINOLE LAKES BLVD
PUNTA GORDA, FL 33955 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: DV ( ) Delete
Name: RYAN, BRENDA
Address: 3005 BANYAN WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: DT ( ) Delete
Name: LARSONG, GLENN G
Address: 9343 VIVANTE BLVD. UNIT 9343
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: BAKER, GUSSIE
Address: 3800 ACLINE ROAD
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD ( ) Delete
Name: SANDLES, JOAN E
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: DS ( ) Delete
Name: WILSON, LINDA
Address: 5341 SABAL PALM LANE
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:

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: GLENN G LARSON DT 03/18/2009

Electronic Signature of Signing Officer or Director — Date