2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N48830

Entity Name: SCENIC FLORIDA, INC.

Current Principal Place of Business:

314 NORTH GADSDEN STREET
SUITE 1
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

314 NORTH GADSDEN STREET
SUITE 1
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-1837782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAND, CHARLOTTE P
314 NORTH GADSDEN STREET
STE 1
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

AUDIE, CHARLOTTE B
314 NORTH GADSDEN STREET
STE 1
TALLAHASSEE, FL 32301 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: CHARLOTTE BRAND AUDIE 01/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: M ( ) Delete
Name: BRAND AUDIE, CHARLOTTE
Address: 314 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S ( ) Delete
Name: MCINTYRE, LARRY
Address: 2890 HARPER ROAD
City-St-Zip: MELBOURNE, FL 32904 US

Title: TD ( ) Delete
Name: KITTO, KEVIN
Address: POST OFFICE BOX 99
City-St-Zip: LAKE HAMILTON, FL 33851 US

Title: C ( ) Delete
Name: BROWN, TODD
Address: P.O. BOX 385
City-St-Zip: OXFORD, FL 34484 US

Title: VC ( ) Delete
Name: LITTLE, JOE
Address: 6904 CYPRESS PARK DRIVE
City-St-Zip: TAMPA, FL 33634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition
Name: AUDIE, CHARLOTTE B
Address: 314 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

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: TODD BROWN C 01/21/2009
Electronic Signature of Signing Officer or Director Date