2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004670

City-St-Zip:

JACKSONVILLE, FL 32217

FILED Jan 16, 2009 Secretary of State

				,	
Entity Nan	ne: SIX-BUOYS, I	NC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
<unused: JACKSON</unused: 	> VILLE, FL 32221	US	450 VICTORY LAKE DR JACKSONVILLE, FL 32		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	STA CIRCLE VILLE, FL 32217	US			
FEI Number:	59-3224771 FE	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
HENDRIX, TRAVIS L PD 3964 CATTAIL POND DRIVE JACKSONVILLE, FL 32224 US			3964 CATTAIL POND D	HENDRIX, TRAVIS L PD 3964 CATTAIL POND DRIVE JACKSONVILLE, FL 32221 US	
The above in the State		nits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/16/2009	
	Electronic S	ignature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Dele HENDRIX, TRAVIS 3964 CATTAIL PONI JACKSONVILLE, FL	D DRIVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Dele BEGLEY, ELLEN 4336 SHERWOOD F JACKSONVILLE, FL	ROAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	SD () Dele ROEDER, SANDY 3827 LAVISTA CIRC		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: TRAVIS L. HENDRIX PD 01/16/2009