2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N99000003846

Entity Name: CREATIVE JUICES OF LAKE COUNTY, INC.

Current Principal Place of Business:

220 N 13TH ST
LEESBURG, FL 34748

New Principal Place of Business:

309 COLLEGE AVE.
FRUITLAND PARK, FL 34731

Current Mailing Address:

220 N 13TH ST
LEESBURG, FL 34748

New Mailing Address:

309 COLLEGE AVE.
FRUITLAND PARK, FL 34731

FEI Number: 59-3135904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDWARDS, JACOB PASTOR
220 N 13TH ST
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

KUHNS, SARAH
309 COLLEGE AVE.
FRUITLAND PARK, FL 34731 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: SARAH KUHNS 01/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EDWARDS, JACOB
Address: 220 N 13TH ST
City-St-Zip: LEESBURG, FL 34748

Title: VPD ( ) Delete
Name: SALAS, TONY
Address: 4001 PICCIOLA RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DT ( ) Delete
Name: BITNER, MARK
Address: 1107 GRIFFIN RD
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KUHNS, SARAH
Address: 309 COLLEGE AVE.
City-St-Zip: FRUITLAND PARK, FL 34731

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: SARAH KUHNS D 01/21/2009
Electronic Signature of Signing Officer or Director Date