

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004053

FILED
Mar 27, 2009
Secretary of State

Entity Name: CAPITAL TRUST AGENCY, INC.

Current Principal Place of Business:

315 FAIRPOINT DR.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

315 FAIRPOINT DR.
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-3591394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANNHEISSER, MATT E P.A.
504 NORTH BAYLEN STREET
PENSACOLA, FL 32501 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: D () Delete
Name: WILDER, HARRISON
Address: 412 NORTH SUNSET
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: ROCHE, DEBORAH
Address: 510 JAMES RIVER RD
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: CLEVELAND, ROBERT
Address: 311 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: BOSWORTH, THOMAS
Address: 420 DOLPHIN STREET
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: REESE, J. LANCE
Address: 119 EUFAULA
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: SNOOKS, RUPERT J
Address: 236 NORTHCLIFF DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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:

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: ROBERT CLEVELAND

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date