

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004776

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: SACO VALLEY TRADER, INC.

## Current Principal Place of Business:

21750 DRIFTWOOD DR.  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

27150 DRIFTWOOD DR.  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

21750 DRIFTWOOD DR.  
BONITA SPRINGS, FL 34135

## New Mailing Address:

27150 DRIFTWOOD DR.  
BONITA SPRINGS, FL 34135

FEI Number: 65-1068357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, SHERRI L  
21750 DRIFTWOOD DR.  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

THOMPSON, SHERRI L  
27150 DRIFTWOOD DR.  
BONITA SPRINGS, FL 34135 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:

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PFEUTI, HERMAN  
Address: 527 W. VALLEY DR.  
City-St-Zip: BOINITA SHORES, FL 34134

Title: D ( ) Delete  
Name: THOMPSON, SHERRI L  
Address: 2185 OUTRIGGER LANE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: SWEET, MARK E  
Address: 2185 OUTRIGGER LANE  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THOMPSON, SHERRI L  
Address: 27150 DRIFTWOOD DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change ( ) Addition  
Name: SWEET, MARK E  
Address: 27150 DRIFTWOOD DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI THOMPSON

D

02/10/2009

Electronic Signature of Signing Officer or Director

Date