

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020936

Entity Name: CHOCTAWHACHEE BAY PILING AND DOCK INC

FILED  
Jul 24, 2009  
Secretary of State

**Current Principal Place of Business:**

144 HORSESHOE LANE  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

144 HORSESHOE LANE  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 59-3702826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUCHENS, KAREN L  
144 HORSESHOE LANE  
FREEPORT, FL 32439 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CUCHENS, JR., ROSIER E  
Address: 144 HORSESHOE LANE  
City-St-Zip: FREEPORT, FL 32439

Title: VPST ( ) Delete  
Name: CUCHENS, KAREN  
Address: 144 HORSESHOE LANE  
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete  
Name: RAY, BRANDON  
Address: 1328 BAY GROVE ROAD  
City-St-Zip: FREEPORT, FL 32439

**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:

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: KAREN L CUCHENS

VP

07/24/2009

Electronic Signature of Signing Officer or Director

Date