

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082530

Entity Name: COCKROACH BAY, INC.

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

2818 MARSHALL DRIVE  
SARASOTA, FL 34239

**New Principal Place of Business:**

9990 WAUCHULA RD.  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

2818 MARSHALL DRIVE  
SARASOTA, FL 34239

**New Mailing Address:**

PO BOX 310  
MYAKKA CITY, FL 34251

FEI Number: 65-1136423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AMBLER, LINDSAY A  
2818 MARSHALL DRIVE  
SARASOTA, FL 34239 US

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

AMBLER, LINDSAY A  
9990 WAUCHULA RD.  
MYAKKA CITY, FL 34251 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:

01/20/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AMBLER, LINDSAY A  
Address: 2818 MARSHALL DR.  
City-St-Zip: SARASOTA, FL 34239

Title: V ( ) Delete  
Name: AMBLER, RICHARD W  
Address: 9980 WAUCHULA RD.  
City-St-Zip: MYAKKA CITY, FL 34257

Title: TS ( ) Delete  
Name: AMBLER, AMY C  
Address: 2818 MARSHALL DR.  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AMBLER, LINDSAY A  
Address: 9990 WAUCHULA RD.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: V (X) Change ( ) Addition  
Name: AMBLER, RICHARD W  
Address: 9980 WAUCHULA RD.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: TS (X) Change ( ) Addition  
Name: AMBLER, AMY C  
Address: 9990 WAUCHULA RD.  
City-St-Zip: MYAKKA CITY, FL 34251

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: LINDSAY A AMBLER

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date