

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046459

FILED
Jun 30, 2009
Secretary of State

Entity Name: FLORIDA LACROSSE CAMPS, INC.

Current Principal Place of Business:

16765 FISHHAWK BLVD.
#412
LITHIA, FL 335475805

New Principal Place of Business:

Current Mailing Address:

16765 FISHHAWK BLVD.
#412
LITHIA, FL 335475805

New Mailing Address:

FEI Number: 03-0434424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS O'GRADY
16765 FISHHAWK BLVD.
#412
LITHIA, FL 33547 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: PSD () Delete
Name: O'GRADY, THOMAS
Address: 16765 FISHHAWK BLVD - #412
City-St-Zip: LITHIA, FL 33547

Title: VTD () Delete
Name: BEATY, MARK
Address: 2009 WOODCREST DRIVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS O'GRADY

PSD

06/30/2009

Electronic Signature of Signing Officer or Director

_____ Date