

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089480

Entity Name: S.A. FEATHER CO., INC.

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

5852 ENTERPRISE PARKWAY  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

5852 ENTERPRISE PARKWAY  
FT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 81-0566867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SAMUEL, DARREN A  
5852 ENTERPRISE PARKWAY  
FT MYERS, FL 33905      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SAMUEL, DARREN A  
Address: 11823 NIGHT HERON DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: S/T ( ) Delete  
Name: STROHL-SAMUEL, TAMMY  
Address: 11823 NIGHT HERON DRIVE  
City-St-Zip: NAPLES, FL 34119

**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: DARREN SAMUEL

P

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date