

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105548

FILED
Apr 14, 2009
Secretary of State

Entity Name: FIDDLER'S GREEN NATURE TRAIL, INC.

Current Principal Place of Business:

6800 PLACIDA ROAD
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

PO BOX 5337
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 20-0325460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE, ROBERT W
6800 PLACIDA ROAD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

SPADE, ROBERT W
6800 PLACIDA ROAD
ENGLEWOOD, FL 34224 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: ROBERT W SPADE

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPADE, ROBERT W
Address: PO BOX 5337
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: HARRISON, ROBERT L
Address: PO BOX 5337
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: MULKEY, LARRY
Address: 6800 PLACIDA ROAD
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: SPADE, DAVID
Address: 6800 PLACIDA ROAD
City-St-Zip: ENGLEWOOD, FL 34224

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:

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: ROBERT W. SPADE

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04/14/2009

Electronic Signature of Signing Officer or Director

Date