

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149419

Entity Name: ALONZO CASHMAN INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

320 SW COUNTY RD 138
FT WHITE, FL 32038

New Principal Place of Business:

318 SW COUNTY RD 138
FT WHITE, FL 32038

Current Mailing Address:

P.O. BOX 1231
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 75-3140764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASHMAN, ALONZO
320 SW COUNTY RD 138
FT WHITE, FL 32038 US

Name and Address of New Registered Agent:

CASHMAN, ALONZO
318SW COUNTY RD 138
FT WHITE, FL 32038 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: ALONZO CASHMAN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CASHMAN, ALONZO
Address: P.O. BOX 1231
City-St-Zip: HIGH SPRINGS, FL 32655

Title: SEC () Delete
Name: LINS, KIM
Address: P.O. BOX 1231
City-St-Zip: HIGH SPRINGS, FL 32655

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: ALONZO CASHMAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date