

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031298

Entity Name: CLAUDE DESROSIERS, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

916 LEW BLVD
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

129 MARTIN RD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

916 LEW BLVD
ST. AUGUSTINE, FL 32080

New Mailing Address:

129 MARTIN RD
ST. AUGUSTINE, FL 32086

FEI Number: 59-3783082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESROSIERS, CLAUDE
916 LEW BLVD
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

DESROSIERS, CLAUDE
129 MARTIN RD
ST. AUGUSTINE, FL 32086 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:

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DESROSIERS, CLAUDE
Address: 916 LEW BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DESROSIERS, CLAUDE
Address: 129 MARTIN RD
City-St-Zip: ST. AUGUSTINE, FL 32086

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: CLAUDE DESROSIERS

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date