2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103751

Entity Name: STEINHATCHEE COTTAGES AND RETREAT, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2275 W MI LECANTO	DDLE W , FL 34461	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DDLE LANE , FL 34461	US			
FEI Number:	20-3336966	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
2275 W MI LECANTO The above	WILLIAM B IDDLE LANE , FL 34461 named entity e of Florida.	US submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF					
		nic Signature of Registered Ager	t	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KROEGER, CI	ALD COAST PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BICKERS, MIC P.O. BOX 3) Delete CHAEL GA 31521 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (CARTER, WIL 2275 W MIDD LECANTO, FL	LE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KIMUTIS, MIC 4713 SW CR 2		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (SMITH, BOBB 365 SW ANGE LAKE CITY, FI	ELA TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: WILLIAM B CARTER DIR 04/25/2009