2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P05000144590

Entity Name: SCHOOLYARD PROPERTIES, INC.

Current Principal Place of Business:

512 N. MAIN STREET
CHIEFLAND, FL 32626

New Principal Place of Business:

6950 NW 87TH PLACE
CHIEFLAND, FL 32626

Current Mailing Address:

512 N. MAIN STREET
CHIEFLAND, FL 32626

New Mailing Address:

6950 NW 87TH PLACE
CHIEFLAND, FL 32626

FEI Number: 20-3679499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTHRON, PHILLIP D
512 N. MAIN STREET
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

COTHRON, PHILLIP D
6950 NW 87TH PLACE
CHIEFLAND, FL 32626 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: 06/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COTHRON, PHILLIP D
Address: 512 N. MAIN STREET
City-St-Zip: CHIEFLAND, FL 32626

Title: VP ( ) Delete
Name: COTHRON, CARLA M
Address: 512 N. MAIN STREET
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COTHRON, PHILLIP D
Address: 6950 NW 87TH PLACE
City-St-Zip: CHIEFLAND, FL 32626

Title: VP (X) Change ( ) Addition
Name: COTHRON, CARLA M
Address: 6950 NW 87TH PLACE
City-St-Zip: CHIEFLAND, FL 32626

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: CARLA COTHRON VP 06/16/2009
Electronic Signature of Signing Officer or Director Date