

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153320

Entity Name: EZ CHART, INC.

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

1112 KELTON BOULEVARD  
GULF BREEZE, FL 32563

## New Principal Place of Business:

18 VIA DE LUNA  
UNIT 1406  
PENSACOLA BEACH, FL 32561

## Current Mailing Address:

1112 KELTON BOULEVARD  
GULF BREEZE, FL 32563

## New Mailing Address:

PO BOX 160  
GULF BREEZE, FL 32562

FEI Number: 20-3816527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOLISTER, MICHAEL J  
1112 KELTON  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

DOLISTER, MICHAEL J  
18 VIA DE LUNA  
UNIT 1406  
GULF BREEZE, FL 32561 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: MICHAEL J DOLISTER

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: DOLISTER, MICHAEL J MD  
Address: 1112 KELTON BOULEVARD  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: WALKER, ELIZABETH H  
Address: 303 FLORIDA AVENUE  
City-St-Zip: GULF BREEZE, FL 32561

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: DOLISTER, MICHAEL J MD  
Address: PO BOX 160  
City-St-Zip: GULF BREEZE, FL 32562

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: MICHAEL J DOLISTER

DIR

03/10/2009

Electronic Signature of Signing Officer or Director

Date