

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004137

Entity Name: EASILY AMUSED, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

361 E 1ST STREET
CHULUOTA, FL 32766

New Principal Place of Business:

1620 RIVEREDGE RD
OVIEDO, FL 32766

Current Mailing Address:

361 E 1ST STREET
CHULUOTA, FL 32766

New Mailing Address:

1620 RIVEREDGE RD
OVIEDO, FL 32766

FEI Number: 20-3912517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRYON, JAMES L
361 E 1ST STREET
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

TRYON, JAMES L
1620 RIVEREDGE RD
OVIEDO, FL 32766 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: JAMES LEWIS TRYON

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRYON, JAMES L
Address: 361 E 1ST STREET
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: TYRON, DEBORAH J
Address: 361 E 1ST STREET
City-St-Zip: CHULUOTA, FL 32766

Title: D (X) Delete
Name: SMALLS, ANDREW R
Address: 244 MALTESE CIR, APT 7
City-St-Zip: FERN PARK, FL 32730 US

Title: D (X) Delete
Name: CARUSO, JAMES A
Address: 19 SOUTH LAWSONA BLVD
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRYON, JAMES L PRESIDE
Address: 1620 RIVEREDGE RD
City-St-Zip: OVIEDO, FL 32766

Title: D (X) Change () Addition
Name: O'DELL, EVELYN A DIRECTO
Address: 1620 RIVEREDGE RD
City-St-Zip: OVIEDO, FL 32766

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: JAMES LEWIS TRYON

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date