

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080646

Entity Name: CAZOU, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

2307 S. DALE MABRY HWY
STE F
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2307 S. DALE MABRY HWY
STE F
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-5030483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITLEY, LAURA
4315 W BEACHWAY DRIVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITLEY, LAURA
Address: 4315 W BEACHWAY DRIVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: SCHULTZ, CAROL
Address: 2467 PIMACLE COURT N
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHULTZ, CAROL
Address: 10901 BRIGHTON BAY NE #9202
City-St-Zip: ST. PETERSBURG, FL 33716

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: LAURA WHITLEY

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date