

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000133823

Entity Name: CANNON SALES USA, INC.

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

362 GULF BREEZE PARKWAY  
185  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

362 GULF BREEZE PARKWAY  
185  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 20-5745967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HICKEY, RAYMOND G  
913 GULF BREEZE PARKWAY  
SUITE 5  
GULF BREEZE, FL 32561 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CANNON, KATHLEEN D  
Address: 362 GULF BREEZE PARKWAY SUITE 185  
City-St-Zip: GULF BREEZE, FL 32561

Title: VP  
Name: CANNON, JAMES H  
Address: 362 GULF BREEZE PARKWAY SUITE 185  
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN D CANNON

PRES

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date