2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140869

Entity Name: LIVELY ARCOLA, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2949 OVERSEAS HIGHWAY MARATHON, FL 33050

Current Mailing Address: New Mailing Address:

2949 OVERSEAS HIGHWAY MARATHON, FL 33050

FEI Number: 20-5868338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WOLFE, JOHN J 2955 OVERSEAS HIGHWAY MARATHON, FL 33050 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.

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SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LIVELY, ALTON J JR. Name: Name: LIVELY, ALTON J JR. 2949 OVERSEAS HIGHWAY 2949 OVERSEAS HIGHWAY Address: Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

Title: S/T () Delete Title: () Change () Addition

 Name:
 LIVELY, BETTY
 Name:

 Address:
 2949 OVERSEAS HIGHWAY
 Address:

 City-St-Zip:
 MARATHON, FL 33050
 City-St-Zip:

 $\label{eq:title:vp} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

Name: LIVELY, DAVID Name: LIVELY, DAVID

 Address:
 2949 OVERSEAS HIGHWAY
 Address:
 2949 OVERSEAS HIGHWAY

 City-St-Zip:
 MARATHON, FL 33050
 City-St-Zip:
 MARATHON, FL 33050

Title: VP () Delete Title: V (X) Change () Addition

 Name:
 WOLFE, KAREN L
 Name:
 WOLFE, KAREN L

 Address:
 2949 OVERSEAS HIGHWAY
 Address:
 2949 OVERSEAS HIGHWAY

 City-St-Zip:
 MARATHON, FL 33050
 City-St-Zip:
 MARATHON, FL 33050

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: KAREN WOLFE V 04/30/2009