

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048531

FILED
Mar 06, 2009
Secretary of State

Entity Name: NORTHERN EVERGLADES MITIGATION, INC.

Current Principal Place of Business:

901 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

C/O MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-8879924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414 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: P, T () Delete
Name: MCINTOSH, DAVID
Address: 901 NORTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D () Delete
Name: MCINTOSH, DAVID
Address: 901 NORTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP (X) Delete
Name: OLSON, EDWARD C II
Address: 205 OLIVE AVENUE, SUITE 16
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: S, D (X) Delete
Name: OLSON, EDWARD C II
Address: 205 OLIVE AVENUE, SUITE 16
City-St-Zip: PORT ST. LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MCINTOSH, DAVID
Address: 901 NORTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VSD (X) Change () Addition
Name: OLSON, EDWARD C II
Address: 205 OLIVE AVENUE, SUITE 16
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: DAVID MCINTOSH

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date