

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061148

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: EMANAGEMENT OF CFL COMPANY

## Current Principal Place of Business:

16135 SR 50 SUITE 204  
CLERMONT, FL 34711

## New Principal Place of Business:

16023 HORIZON COURT  
CLERMONT, FL 34711

## Current Mailing Address:

P.O. BOX 560187  
MONTVERDE, FL 34756

## New Mailing Address:

FEI Number: 26-1587353      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOHN, KATHY  
16135 SR 50 SUITE 204  
CLERMONT, FL 34711      US

## Name and Address of New Registered Agent:

KOHN, KATHY  
16023 HORIZON COURT  
CLERMONT, FL 34711      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: KATHY KOHN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KATHY, KOHN  
Address: P.O. BOX 560187  
City-St-Zip: MONTVERDE, FL 34756

Title: S ( ) Delete  
Name: KOHN, MICHAEL  
Address: P.O. BOX 560187  
City-St-Zip: MONTVERDE, FL 34756

Title: T ( ) Delete  
Name: KOHN, CHRISTOPHER  
Address: P.O. BOX 560187  
City-St-Zip: MONTVERDE, FL 34756

Title: VP ( ) Delete  
Name: KOHN, MICHAEL  
Address: P.O. BOX 560187  
City-St-Zip: MONTVERDE, FL 34756

Title: D ( ) Delete  
Name: EPAYROLL INC.  
Address: P.O. BOX 560190  
City-St-Zip: MONTVERDE, FL 34756

Title: D ( ) Delete  
Name: EACCOUNTING INC.  
Address: P.O. BOX 560190  
City-St-Zip: MONTVERDE, FL 34756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KATHY KOHN

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date