2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077305

City-St-Zip:

SARASOTA, FL 34232

Entity Name: CISTERNS OF SARASOTA, INC

FILED Jan 29, 2009 Secretary of State

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Current Pr	incipal Plac	ce of Business:	New Prin	New Principal Place of Business:		
39 TREE R SARASOTA	OAD A, FL 34232					
Current Ma	ailing Addr	ess:	New Mai	New Mailing Address:		
3119 CLAR SARASOTA	K RD A, FL 34231					
FEI Number:	26-0490756	FEI Number Applied For () FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agen	t: Name an	Name and Address of New Registered Agent:		
DAVIES, FI 39 TREE R SARASOTA		US				
The above in the State		y submits this statement for	the purpose of changing	ı its registered	I office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financi	ng Trust Fund Contribution ().				
OFFICERS	AND DIRE	CTORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (DAVIES, FRA 39 TREE RD SARASOTA, I		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (MORRIS, PH 1080 WILLIS SARASOTA, I	AVE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address:	S/T (CAWLEY, JA 2701 GREEN		Title: Name: Address:	VP CAWLEY, JA 2701 GREEN		

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.

City-St-Zip:

SARASOTA, FL 34232

SIGNATURE: JAMES M CAWLEY SR VP 01/29/2009