

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117989

FILED
Apr 29, 2009
Secretary of State

Entity Name: CASTAWAY COFFEE COMPANY

Current Principal Place of Business:

804 GROVEPARK DRIVE
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

804 GROVEPARK DRIVE
DAVENPORT, FL 33837 US

New Mailing Address:

804 GROVEPARK DR
DAVENPORT, FL 33837 US

FEI Number: 61-1553967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, STEVEN L
804 GROVEPARK DRIVE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

ABEL, STEVEN L MR
804 GROVEPARK DRIVE
DAVENPORT, FL 33837 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: STEVEN L. ABEL

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ABEL, STEVEN L
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: TRES () Delete
Name: ABEL, DEBBIE A
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: SECT () Delete
Name: ABEL, DEBBIE A
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: DIR () Delete
Name: ABEL, STEVEN L
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ABEL, STEVEN L MR
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: TRES (X) Change () Addition
Name: ABEL, DEBBIE A MRS
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: SECT (X) Change () Addition
Name: ABEL, DEBBIE A MRS
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: DIR (X) Change () Addition
Name: ABEL, STEVEN L MR
Address: 804 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

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: STEVEN L. ABEL

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date