

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002109

Entity Name: ECOVERDE MANAGEMENT, INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

5844 ENTERPRISE PARKWAY  
FORT MYERS, FL 33905

## New Principal Place of Business:

## Current Mailing Address:

5844 ENTERPRISE PARKWAY  
FORT MYERS, FL 33905

## New Mailing Address:

FEI Number: 06-1834914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.  
999 VANDERBILT BEACH ROAD  
SUITE 606  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

AARON A. FARMER, P.L.  
999 VANDERBILT BEACH ROAD  
SUITE 606  
NAPLES, FL 34108 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: AARON A. FARMER, MANAGING MEMBER

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WOODS, SUSANNA  
Address: 5844 ENTERPRISE PARKWAY  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: HENDERSON, FRANKLIN  
Address: 5844 ENTERPRISE PARKWAY  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: LUBNER, DANIEL  
Address: 5844 ENTERPRISE PARKWAY  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition  
Name: WOODS, SUSANNA  
Address: 5844 ENTERPRISE PARKWAY  
City-St-Zip: FORT MYERS, FL 33905

Title: DP (X) Change ( ) Addition  
Name: HENDERSON, FRANKLIN  
Address: 5844 ENTERPRISE PARKWAY  
City-St-Zip: FORT MYERS, FL 33905

Title: DVP (X) Change ( ) Addition  
Name: LUBNER, DANIEL  
Address: 5844 ENTERPRISE PARKWAY  
City-St-Zip: FORT MYERS, FL 33905

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: FRANKLIN HENDERSON

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date