

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024199

Entity Name: CVC-SOUTH, INC.

FILED  
Sep 18, 2009  
Secretary of State

## Current Principal Place of Business:

648 EAST UNION STREET  
SUITE 4  
JACKSONVILLE, FL 32206 US

## Current Mailing Address:

PO BOX 9717  
FLEMING ISLAND, FL 32006 US

## New Principal Place of Business:

2105 PARK AVENUE  
SUITE #19  
ORANGE PARK, FL 32073 US

## New Mailing Address:

FEI Number: 26-2122802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOPER, JOHN D  
1720 COUNTRY WALK DR  
FLEMING ISLAND, FL 32003 US

## Name and Address of New Registered Agent:

COOPER, JOHN D  
1429 COURSE VIEW DRIVE  
FLEMING ISLAND, FL 32003 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: \_\_\_\_\_

Electronic Signature of Registered Agent

09/18/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: COOPER, ELIZABETH  
Address: 1720 COUNTRY WALK DR  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: PD ( ) Delete  
Name: HOCKING, FRANCES  
Address: 1138 CALPERNIA  
City-St-Zip: WIXOM, MI 48393 US

Title: VD ( ) Delete  
Name: COOPER, JOHN D  
Address: 1720 COUNTRY WALK DR  
City-St-Zip: FLEMING ISLAND, FL 32003 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: COOPER, ELIZABETH  
Address: 1429 COURSE VIEW DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003 US

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

Title: VD (X) Change ( ) Addition  
Name: COOPER, JOHN D  
Address: 1429 COURSE VIEW DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003 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: ELIZABETH A. COOPER

Electronic Signature of Signing Officer or Director

TREA

09/18/2009

Date