2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064985

Entity Name: COMFORTCASTDIRECT CORP

WINCHESTER, COLLEEN M

447 SPRING DRIVE

OCALA, FL 34472

Name:

Address:

City-St-Zip:

FILED Mar 26, 2009 Secretary of State

Littly Na	ille. Colvillo	RTCASTBIRECT CORP				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
415 CYPR OCALA, F	ESS ROAD L 34472					
Current Mailing Address:			New Maili	New Mailing Address:		
415 CYPR OCALA, F	ESS ROAD L 34472					
FEI Number	: 26-2936940	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address o	of New Registered Agent:	
	ESS ROAD	CTURING LLC S				
	named entity e of Florida.	submits this statement for th	e purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered A	Agent		Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (PERRY, CHAF 3477 LAKESH JACKSONVILL	ORE BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BERKLEY, RO 4645 PAMELA YANKEETOWI	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (SCHMID, MEL 8801 SE 89TH OCALA, FL 34	STREET	Title: Name: Address: City-St-Zip:		(X) Change () Addition ARLES A SHORE BLVD ILLE, FL 32210	
Title:	S () Delete	Title:	s	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

BERKLEY, DAVID R

4645 PAMELA DRIVE

YANKEETOWN, FL 34498

SIGNATURE: ROBERT D. BERKLEY VP 03/26/2009