2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# P08000067311

Entity Name: FLORIDA LIST MAKERS, INC

Current Principal Place of Business:

8 HICKORY TRACK PASS
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

1576 BELLA CRUZ DR.
THE VILLAGES, FL 32159

New Mailing Address:

8 HICKORY TRACK PASS
OCALA, FL 34472

FEI Number: 26-2984821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EICKWORT, JEFFREY
Address: 8 HICKORY TRACK PASS
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete
Name: EICKWORT, AUDREY
Address: 8 HICKORY TRACK PASS
City-St-Zip: OCALA, FL 34472

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: EICKWORT, AUDREY L
Address: 8 HICKORY TRACK PASS
City-St-Zip: OCALA, FL 34472

Title: VP (X) Change ( ) Addition
Name: EICKWORT, JEFFREY C
Address: 8 HICKORY TRACK PASS
City-St-Zip: OCALA, FL 34472

Title: SEC ( ) Change (X) Addition
Name: EICKWORT, AUDREY L
Address: 8 HICKORY TRACK PASS
City-St-Zip: OCALA, FL 34472

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: AUDREY L EICKWORT P 02/22/2009

Electronic Signature of Signing Officer or Director Date