

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078051

FILED
May 06, 2009
Secretary of State

Entity Name: THE POSEIDON GROUP OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

808 LAFAYETTE ST., #B
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1616-102 W CAPE CORAL PARKWAY, PMB 164
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 26-3202959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGOLF, GREGORY
808 LAFAYETTE ST., #B
CAPE CORAL, FL 33904 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: CEO () Delete
Name: BLAISDELL, DAVID
Address: 401 SW 47 ST
City-St-Zip: CAPE CORAL, FL 33914

Title: P (X) Delete
Name: BLAISDELL, MATTHEW
Address: 426 SW 46 TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BLAISDELL, MATTHEW
Address: 426 SW 46TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

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

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: MATTHEW BLAISDELL

CEO

05/06/2009

Electronic Signature of Signing Officer or Director

Date