

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35666

FILED
Apr 28, 2009
Secretary of State

Entity Name: H. COTURRI AND SONS, LTD. INC.

Current Principal Place of Business:

6725 ENTERPRISE RD
GLEN ELLEN, CA 95442

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 396
GLEN ELLEN, CA 95442

New Mailing Address:

FEI Number: 94-2605395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERLAU, DEAN
% RYALS LEE SALES CO.,
3170 W. THARPE
TALLAHASSEE, FL 33143 US

Name and Address of New Registered Agent:

HEIMAN, BRUCE
803 BELL ROAD
SARASOTA, FL 34240 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: BRUCE HEIMAN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COTURRI, TONY
Address: 6725 ENTERPRISE ROAD
City-St-Zip: GLEN ELLEN, CA 95442

Title: V () Delete
Name: COTURRI, PHILLIP
Address: 16600 NORBOM ROAD
City-St-Zip: SONOMA, CA 95476

Title: S () Delete
Name: COTURRI, LINDA
Address: 6725 ENTERPRISE ROAD
City-St-Zip: GLEN ELLEN, CA 95442

Title: D () Delete
Name: SERRATTO, MICHAEL
Address: 1220 HOWARD AVE. #250
City-St-Zip: BURLINGAME, CA

Title: T () Delete
Name: COTURRI, LINDA
Address: 6725 ENTERPRISE RD
City-St-Zip: GLEN ELLEN, CA 95442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TONY COTURRI

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date