## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39379

Entity Name: COURTNEY CONSULTING OF LEE COUNTY, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1248 MIRA MAR AVENUE 1946 PALO ALTO AVENUE THE VILLAGES, FL 32159 US THE VILLAGES, FL 32159 US

Current Mailing Address: New Mailing Address:

1248 MIRA MAR AVENUE
THE VILLAGES, FL 32159 US
1946 PALO ALTO AVENUE
THE VILLAGES, FL 32159 US

FEI Number: 22-2864492 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAULEY, KAREN

1248 MIRA MAR AVENUE
THE VILLAGES, FL 32159 US

PAULEY, KAREN
1946 PALO ALTO AVENUE
THE VILLAGES, FL 32159 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: KAREN PAULEY 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DCP (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete Title: DCP (X) Change ( ) Addition Name: PAULEY, KAREN, Name: PAULEY, KAREN, Address: 1248 MIRA MAR AVENUE Address: 1946 PALO ALTO AVENUE

City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: THE VILLAGES, FL 32159

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition Name: PAULEY, ALAN Name: PAULEY, ALAN

Address: 1248 MIRA MAR AVENUE Address: 1946 PALO ALTO AVENUE City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: THE VILLAGES, FL 32159

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: KAREN PAULEY DCP 01/26/2009