2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P93000003371

Entity Name: IROQUOIS OF FLORIDA, INC.

Current Principal Place of Business:

406 WEST STATE STREET
OLEAN, NY 14760

New Principal Place of Business:

Current Mailing Address:

406 WEST STATE STREET
P.O. BOX 806
OLEAN, NY 14760

New Mailing Address:

FEI Number: 58-2057182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: WARD, MATTHEW L
Address: 11202 BUCKHEAD COURT
City-St-Zip: MIDLOTHIAN, VA 23112

Title: ASTD ( ) Delete
Name: BRANCH, LAURIE A
Address: 304 VAN BUREN AVENUE
City-St-Zip: OLEAN, NY 14760

Title: VD ( ) Delete
Name: CHIAPUSO, JOSEPH G
Address: 174 1/2 NORTH UNION STREET, #7
City-St-Zip: OLEAN, NY 14760

Title: SD ( ) Delete
Name: BRANCH-BENOLIEL, AMY L
Address: 520 EAST GRAVERS LANE
City-St-Zip: WYNDMOOR, PA 19038

Title: D ( ) Delete
Name: BRANCH, PAUL M
Address: 1309 BUCHANAN AVENUE
City-St-Zip: OLEAN, NY 14760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: CHIAPUSO, JOSEPH G
Address: 1729 MOODY HOLLOW ROAD
City-St-Zip: ELDRED, PA 16731

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: LAURIE A BRANCH AS 03/31/2009

Electronic Signature of Signing Officer or Director — Date