

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082759

Entity Name: POST ROAD FLORIDA, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

POST ROAD FLORIDA, INC.
C/O 2150 POST RD.
FAIRFIELD, CT 06824 US

New Principal Place of Business:

Current Mailing Address:

POST ROAD FLORIDA, INC.
C/O 2150 POST RD.
FAIRFIELD, CT 06824 US

New Mailing Address:

POST ROAD FLORIDA, INC.
P. O. BOX 803
SOUTHPORT, CT 06890 US

FEI Number: 59-3225803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IZZO, ANTHONY F
528 THAMES CIRCLE
LONGWOOD, FL 32750 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: PT () Delete
Name: IZZO, ANTHONY F
Address: 2150 POST ROAD
City-St-Zip: FAIRFIELD, CT 06824

Title: VS () Delete
Name: IZZO, KAREN
Address: 2150 POST ROAD
City-St-Zip: FAIRFIELD, CT 06824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTHONY F. IZZO

PT

04/28/2009

Electronic Signature of Signing Officer or Director

Date