# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2009**
**Secretary of State**

DOCUMENT# P94000069921

**Entity Name:** THE CHOCTAWHATCHEE BAY COMPANY, INC.

**Current Principal Place of Business:**

10 STAFFORD CIRCLE
FT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 STAFFORD CIRCLE
FT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number: 59-3269526** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MUNSON, PHILLIP D
10 STAFFORD CIRCLE
FT WALTON BEACH, FL 32547 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: D ( ) Delete
Name: MUNSON, PHILLIP D
Address: 10 STAFFORD CIRLCE
City-St-Zip: FT WALTON BEACH, FL 325471697

Title: D ( ) Delete
Name: MOLNAR, RANDALL M
Address: 2240 WAVERLY CIRCLE
City-St-Zip: WARRINGTON, PA 18976

Title: D ( ) Delete
Name: MUNSON, JUDITH H.
Address: 10 STAFFORD CIRCLE
City-St-Zip: FT WALTON BCH, FL 32547

Title: D ( ) Delete
Name: MOLNAR, VALERIE
Address: 2240 WAVERLY CIRCLE
City-St-Zip: WARRINGTON, PA 18976

**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:

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: PHILLIP D MUNSON DIR 02/05/2009

Electronic Signature of Signing Officer or Director Date