## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000076669

FELLSMERE, FL 32948

City-St-Zip:

Entity Name: FLORIDA CRACKER GUIDE SERVICE, INC.

FILED Feb 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
13755-115 FELLSME	STREET RE, FL 32948	US	13755 115 STREET FELLSMERE, FL 32948	US	
Current N	lailing Address	<b>3:</b>	New Mailing Address:	New Mailing Address:	
13755-115 FELLSME	STREET RE, FL 32948	US	13755 115 STREET FELLSMERE, FL 32948	US	
FEI Number	: 65-0532446	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
13755 115 FELLSME The above	RE, FL 32948	US ubmits this statement for the p	ourpose of changing its registered of	fice or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Age  Trust Fund Contribution ( ).	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ()  KELLEY, WILLIA 13755-115 STRE FELLSMERE, FL	EET	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address:	S ()  KELLEY, PENNY 13755-115 STRE		Title: () Name: Address	Change ( ) Addition	

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: WILLIAM T KELLEY P 02/13/2009