

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083120

Entity Name: SURVIVORS GROUP, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

1407 1/2 JUNE AVE STE B
PANAMA CITY, FL 32402 US

New Principal Place of Business:

1407 1/2 JUNE AVE
STE B
PANAMA CITY, FL 32402 US

Current Mailing Address:

1407 1/2 JUNE AVE
STE. B
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3281003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIGMAN, M P
1407 1/2 JUNE AVE STE B
PANAMA CITY, FL 32402 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: BIEHL, JERRY
Address: 1407 1/2 JUNE AVE #B
City-St-Zip: PANAMA CITY, FL 324012037

Title: VD () Delete
Name: BRIGMAN, M P
Address: 1407 1/2 JUNE AVE #B
City-St-Zip: PANAMA CITY, FL 324012037

Title: VSD () Delete
Name: SCARPA, J R
Address: 1407 1/2 JUNE AVE #B
City-St-Zip: PANAMA CITY, FL 324012037

Title: TD () Delete
Name: HADELY, RF
Address: 1407 1/2 JUNE AVE #B
City-St-Zip: PANAMA CITY, FL 324012037

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: M P BRIGMAN

VD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date