2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088530

Entity Name: CHITWOOD TROWEL TRADES OF LEE COUNTY, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1216 SE 9TH TERRACE 29655 FORRESTAL AVENUE CAPE CORAL, FL 33990 US BIG PINE KEY, FL 33043 US

Current Mailing Address: New Mailing Address:

P. O. BOX 151550 P. O. BOX 430658

CAPE CORAL, FL 339151550 US BIG PINE KEY, FL 33043 US

FEI Number: 65-0540907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CHITWOOD, JAMES R PRES
P. O. BOX 151550
P. O. BOX 430658
CAPE CORAL, FL 339151550 US
CHITWOOD, JAMES R PRES
P. O. BOX 430658
BIG PINE KEY, FL 33043 US

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: 04/09/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHITWOOD, JAMES R PRES

Address: P. O. BOX 151550 City-St-Zip: CAPE CORAL, FL 339151550

Title: ST () Delete

Name: CHITWOOD, SANDRA L SEC/TRE

Address: P. O. BOX 151550

City-St-Zip: CAPE CORAL, FL 339151550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

Name: CHITWOOD, JAMES R PRES

Address: P. O. BOX 430658 City-St-Zip: BIG PINE KEY, FL 33043

Title: ST (X) Change () Addition

Name: CHITWOOD, SANDRA L SEC/TRE

Address: P. O. BOX 430658 City-St-Zip: BIG PINE KEY, FL 33043

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: SANDRA L. CHITWOOD SEC/ 04/09/2009