

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013620

Entity Name: C.A.V.U. PLANTATION, INC.

FILED  
Feb 25, 2009  
Secretary of State

## Current Principal Place of Business:

2953 DANIEL STREET  
MARIANNA, FL 32446

## New Principal Place of Business:

2953 DANIELS STREET  
MARIANNA, FL 32446

## Current Mailing Address:

2953 DANIEL STREET  
MARIANNA, FL 32446

## New Mailing Address:

2953 DANIELS STREET  
MARIANNA, FL 32446

FEI Number: 59-3302387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, LELAND C  
2953 DANIEL STREET  
MARIANNA, FL 32446 US

## Name and Address of New Registered Agent:

THOMAS, LELAND C  
2953 DANIELS STREET  
MARIANNA, FL 32446 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: LELAND C. THOMAS

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMAS, LELAND C  
Address: 2953 DANIELS ST.  
City-St-Zip: MARIANNA, FL 32446

Title: V ( ) Delete  
Name: THOMAS, CLIFTON C  
Address: 2953 DANIELS ST  
City-St-Zip: MARIANNA, FL 32446

Title: ST ( ) Delete  
Name: BEARD, VIRGINIA A  
Address: 2953 DANIELS ST  
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BEARD, VIRGINIA T  
Address: 2953 DANIELS ST  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Change (X) Addition  
Name: THOMAS, VIRGINIA A  
Address: 2953 DANIELS STREET  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Change (X) Addition  
Name: THOMAS, WILLIAM E  
Address: 826 WEST MAIN STREET  
City-St-Zip: DOVER FOXCROFT, ME 04426

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: LELAND C. THOMAS

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date