

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050575

Entity Name: 1926 10TH AVENUE NORTH, INC.

FILED
Apr 11, 2009
Secretary of State

Current Principal Place of Business:

31 S.E HARBOR POINT DR.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

31 S.E HARBOR POINT DR.
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0598521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTELL, EDWIN E III
2100 SE OCEAN BLVD
STE 102
STUART, FL 34996 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: DP () Delete
Name: BARATTA, ROBERT O DR.
Address: 31 SE HARBOR POINT DRIVE
City-St-Zip: STUART, FL 34996

Title: DV () Delete
Name: BARATTA, SCOTT R
Address: 923 RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: DV () Delete
Name: BARATTA, GREGG P
Address: 3315 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: MORTELL, MELISSA A
Address: 21 SE HARBOR POINT DRIVE
City-St-Zip: STUART, FL 34996

Title: DS () Delete
Name: BARATTA, CAROL
Address: 31 SE HARBOR POINT DRIVE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: BARATTA, SCOTT R
Address: 32 HARBOR POINT DRIVE
City-St-Zip: STUART, FL 34996

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: ROBERT O BARATTA

DR

04/11/2009

Electronic Signature of Signing Officer or Director

_____ Date