2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084213

NEWKIRK, KENT

491 JEFFERSON ST

CARLYLE, IL 62231

Name:

Address:

City-St-Zip:

Entity Name: CITY LITE DEVELOPMENT CORPORATION

FILED Mar 27, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
2992 DAY DELTONA	RD , FL 32738 US			
Current M	ailing Address:	New Mailing Address	New Mailing Address:	
POB 181 BREESE, I	IL 62230 US	POBOX 181 BREESE, IL 62230	US	
FEI Number:	: 65-0648216 FEI Number Applied	For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Agent: Name and Address of	Name and Address of New Registered Agent:	
CLEMENT 632 N WO DELAND,	S, IVAN K ESQ ODLAND BLVD., STE 3 FL 32720 US			
	named entity submits this stateme e of Florida.	ent for the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			
Electronic Signature of Registered Agent		stered Agent	Date	
Election Car	npaign Financing Trust Fund Contribut	ion ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete NEWKIRK, MARK 259 GREENE CEMETARY RD POCAHONTAS, IL 62275	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete NEWKIRK, MIKE 910 BETHEL LANE BOWLING GREEN, KY 42103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete LAMPE, REAGAN 1074 VOSSCLARE LANE BREESE, IL 62230	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK NEWKIRK PD 03/27/2009