

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075300

Entity Name: THE NATIVES, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

2929 J.B. CARTER ROAD
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 946
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3464864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIEFER, SARAH
2929 JB. CARTER ROAD
DAVENPORT, FL 33037 US

Name and Address of New Registered Agent:

KIEFER, SARAH
2929 JB. CARTER ROAD
DAVENPORT, FL 33837 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BISSETT, WILLIAM F
Address: 2929 J.B. CARTER ROAD
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: BISSETT, NANCY J
Address: 2929 J.B. CARTER ROAD
City-St-Zip: DAVENPORT, FL 33837

Title: S () Delete
Name: ABEL, PAUL
Address: 951 WHISPER LAKE DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: KIEFER, SARAH
Address: 6406 OAKPOINT DR.
City-St-Zip: LAKE LAND, FL 33813

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: WILLIAM F. BISSETT

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date