2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P97000094774

Entity Name: PRESERVATION OF NATURAL FLORIDA, INC.

Current Principal Place of Business:

141 E. CENTRAL AVENUE
SUITE 450
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P O BOX 1396
WINTER HAVEN, FL 33882 US

New Mailing Address:

FEI Number: 59-3493623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHEELER, I. WESTON
141 E. CENTRAL AVENUE
SUITE 450
WINTER HAVEN, FL 33880 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: CD ( ) Delete
Name: WHEELER, IRVING W
Address: P.O. BOX 2796
City-St-Zip: WINTER HAVEN, FL 33883

Title: PSD ( ) Delete
Name: WHEELER, DAVID P
Address: PO BOX 2573
City-St-Zip: LAKE PLACID, FL 33862

Title: VPD ( ) Delete
Name: WHEELER, JAMES MARK
Address: P.O. BOX 2715
City-St-Zip: LAKE PALCID, FL 33862

Title: TD ( ) Delete
Name: WHEELER, I. WESTON
Address: P.O. BOX 1396
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: D ( ) Delete
Name: MAIER, SALLY W
Address: PO BOX 2796
City-St-Zip: WINTER HAVEN, FL 33883 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: WHEELER, JAMES MARK
Address: P.O. BOX 2715
City-St-Zip: LAKE PALCID, FL 33862

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: I. WESTON WHEELER T 03/11/2009

Electronic Signature of Signing Officer or Director — Date