

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017965

Entity Name: MAYPORT ORCHID TRACE, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

645 MAYPORT RD
ST 3A
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

645 MAYPORT RD
ST 3A
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3495482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLIGOOD, BOB
13698 BROMLER PT DR.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

ALLIGOOD, BOB
13698 BROMLEY PT DR.
JACKSONVILLE, FL 32225 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: BOB ALLIGOOD

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLIGOOD, BOB
Address: 13698 BROMLEY POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BOB ALLIGOOD

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date