

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075173

Entity Name: LONICERA, INC.

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

82185 OVERSEAS HWY.  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

315 TOLLGATE SHORES DR  
ISLAMORADA, FL 33036

**Current Mailing Address:**

315 TOLL GATE SHORES DR  
ISLAMORADA, FL 33036

**New Mailing Address:**

315 TOLLGATE SHORES DR  
ISLAMORADA, FL 33036

FEI Number: 59-3548499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRODIE, L. K.  
315 TOLL GATE SHORES DR  
ISLAMORADA, FL 33036 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: P ( ) Delete  
Name: BRODIE, LYNN K  
Address: 82185 OVERSEAS HWY  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRODIE, LYNN K  
Address: 315 TOLLGATE SHORES DR  
City-St-Zip: ISLAMORADA, FL 33036

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: LYNN BRODIE

PRES

03/11/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date