

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46646

Entity Name: DOCUMENTATION, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

821 E. INDIANA AVE
COEUR D ALENE, ID 83814 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5265
COEUR D ALENE, ID 83814 US

New Mailing Address:

P.O. BOX 3156
COEUR D ALENE, ID 83816 US

FEI Number: 59-3062657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, DEBRA K TD
219 ALMA COURT
NEW SMYRNA BEACH, FL 32168 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: TD () Delete
Name: LONG, DEBRA K.
Address: 219 ALMA COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VP () Delete
Name: ORAVSKY, JENNIFER L
Address: 317 CANTERWOOD DRIVE
City-St-Zip: MEBANE, NC 27302 US

Title: PD () Delete
Name: LONG, WARREN T.
Address: 821 E, INDIANA AVENUE
City-St-Zip: COEUR D ALENE, ID 83814 US

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:

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: WARREN T. LONG

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date