

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99332

FILED
Mar 14, 2009
Secretary of State

Entity Name: MYAKKA RIVER PROPERTIES, INC.

Current Principal Place of Business:

12740 CURLEY STREET
SAN ANTONIO, FL 33576 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 156
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 59-3099944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRADER, THOMAS A
12744 CURLEY ST
SAN ANTONIO, FL 33576 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: SCHRADER, THOMAS A.,
Address: P.O. BOX 77 N/A
City-St-Zip: SAN ANTONIO, FL

Title: VP () Delete
Name: BARONS, MARGARET MAR, Y
Address: 1 NORTHGATE CIRCLE
City-St-Zip: LEXINGTON, MA

Title: VP () Delete
Name: SCHRADER, THEODORE J, .
Address: P.O. BOX 454 N/A
City-St-Zip: SAN ANTONIO, FL

Title: VP () Delete
Name: SCHRADER, TERENCE E, .
Address: P.O. BOX 205 N/A
City-St-Zip: SAN ANTONIO, FL

Title: S () Delete
Name: SCHRADER, JEROME G.,
Address: P O BOX 1276
City-St-Zip: DADE CITY, FL 335261276

Title: VP () Delete
Name: CAROE, KAY,
Address: 47 JUDSON AVE. P.O. BOX 623
City-St-Zip: WOODBURY, CT 06798

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:

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: THOMAS A. SCHRADER

P

03/14/2009

Electronic Signature of Signing Officer or Director

_____ Date