## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V31586

FILED Feb 13, 2009 Secretary of State

Entity Name: MYRTLE SLOUGH CANAL MANAGEMENT CORPORATION

| Current Principal Place of Business:        |   |                                  | New Principal Place                         | New Principal Place of Business:             |  |
|---|---|----------------------------------|---|--|--|
| 2550 WITT<br>CLEWIST                        | FRD<br>ON, FL 33440                                   | )                                |   |  |  |
| Current Mailing Address:                    |   |                                  | New Mailing Addre                           | New Mailing Address:                         |  |
| P.O. BOX<br>FORT PIE                        | 14709<br>RCE, FL 3497                                 | 79                               |   |  |  |
| FEI Number:                                 | : 65-0402845  | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of (  | Current Registered Agent:        | Name and Address                            | of New Registered Agent:                     |  |
| 1900 OLD<br>FORT PIE                        | , RICHARD M<br>DIXIE HWY.<br>RCE, FL 3494             | 46 US                            | vurness of changing its registers           | ad affice as registered agent as both        |  |
|   | e of Florida.   | submits this statement for the p | ourpose of changing its register            | ed office or registered agent, or both,      |  |
| SIGNATU                                     | RE:   |                                  |   |  |  |
|   | Electro   | nic Signature of Registered Age  | ent   | Date   |  |
| Election Car                                | npaign Financin                                       | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                     |   |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P (<br>JERKINS, TON<br>P.O. BOX 1470<br>FT. PIERCE, F | 09                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>COUSE, MILLE<br>2550 WITT RD<br>CLEWISTON,     | )                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change( ) Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S (<br>OSBORN, TON<br>2550 WITT RD<br>CLEWISTON,      | )                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                 | T (<br>DEMIRGIAN, E<br>P.O. BOX 1470                  |                                  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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: ED DEMIRGIAN T 02/13/2009