

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051021

FILED
Jan 28, 2009
Secretary of State

Entity Name: C2 ADVISORS INC.

Current Principal Place of Business:

711 W. HARVARD ST.
ORLANDO, FL 32804 US

New Principal Place of Business:

3215 GREENS AVE.
ORLANDO, FL 32804 US

Current Mailing Address:

711 W. HARVARD ST.
ORLANDO, FL 32804 US

New Mailing Address:

3215 GREENS AVE.
ORLANDO, FL 32804 US

FEI Number: 20-8947293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: PRES () Delete
Name: COATS, CARI H
Address: 711 W HARVARD ST.
City-St-Zip: ORLANDO, FL 32804 US

Title: TRES () Delete
Name: COATS, CARI H
Address: 711 W. HARVARD ST.
City-St-Zip: ORLANDO, FL 32804 US

Title: SECT () Delete
Name: COATS, CARI H
Address: 711 W. HARVARD ST.
City-St-Zip: ORLANDO, FL 32804 US

Title: DIR () Delete
Name: COATS, CARI H
Address: 711 W. HARVARD ST.
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COATS, CARI H
Address: 3215 GREENS AVE.
City-St-Zip: ORLANDO, FL 32804 US

Title: TRES (X) Change () Addition
Name: COATS, CARI H
Address: 3215 GREENS AVE.
City-St-Zip: ORLANDO, FL 32804 US

Title: SECT (X) Change () Addition
Name: COATS, CARI H
Address: 3215 GREENS AVE.
City-St-Zip: ORLANDO, FL 32804 US

Title: DIR (X) Change () Addition
Name: COATS, CARI H
Address: 3215 GREENS AVE.
City-St-Zip: ORLANDO, FL 32804 US

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: CARI H. COATS

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date