## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07502

Entity Name: TATONE PROPERTIES FLORIDA, INC.

FILED Apr 01, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

75 SHARER ROAD 75 SHARER ROAD

WOODBRIDGE ONTARIO, CN 141823 CN UNIT #2

WOODBRIDGE, CN L4L-8Z3 CA

**Current Mailing Address: New Mailing Address:** 

C/O ERNEST L. MASCARA 75 SHARER ROAD

WOODBRIDGE ONTARIO, CN 141823 CN PO BOX 266

ST. PETERSBURG, FL 33731 US

FEI Number: 98-0113567 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:

MASCARA, ERNEST L CITY CENTRE 12TH FL 100 2ND AVE SOUTH

ST PETERSBURG, FL 33701 US

MASCARA, ERNEST L 721 FIRST AVENUE NORTH US ST PETERSBURG, FL 33701

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: ERNEST L. MASCARA 04/01/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: (X) Change ( ) Addition TATONE, EDDIE M. TATONE, EDDIE M Name: 50 FENYROSE CRESCENT 75 SHARER ROAD, UNIT #2 Address: WOODBRIGE, ONT., City-St-Zip: City-St-Zip: WOODBRIGE, ON L4L-8Z3 CA

( ) Delete Title: Title: (X) Change ( ) Addition

TATONE, PIA M, Name: Name: TATONE, PIA M

50 FENYROSE CRESCENT 75 SHARER ROAD, UNIT #2 Address: Address: WOODBRIGE, ON L4L-8Z3 CA City-St-Zip: WOODBRIGE, ONT., City-St-Zip:

Title: Title: ( ) Delete VΡ (X) Change ( ) Addition

MASCARA, ERNEST L, MASCARA, ERNEST L Name: Name:

P O BOX 180 N/A P O BOX 266 Address: Address:

City-St-Zip: ST PETERSBURG, FL City-St-Zip: ST PETERSBURG, FL 33731 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: EDDIE M. TATONE 04/01/2009 D