2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 177919

Entity Name: TEMPACO, INC.

Current Principal Place of Business:

1701 ALDEN ROAD
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1701 ALDEN ROAD
P O BOX 547667
ORLANDO, FL 328544667

New Mailing Address:

FEI Number: 59-0762881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBINSON, MARIA E
19580 PADDOCK ST
ORLANDO, FL 32833 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: VP ( ) Delete
Name: EVANS, NEILL H.,
Address: 261 SUTHERLAND CT
City-St-Zip: APOPKA, FL 32712

Title: P ( ) Delete
Name: ROBINSON, MARIA E.,
Address: 19580 PADDOCK ST
City-St-Zip: ORLANDO, FL 32833

Title: S ( ) Delete
Name: COOK, MICHELE
Address: 10621 JONATHAN DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VP ( ) Delete
Name: GREGORICH, JAMES
Address: 215 LOTUS DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: ROOT, GREGORY
Address: 3909 LAKE DRAWDY DR
City-St-Zip: ORLANDO, FL 32820

Title: D ( ) Delete
Name: ANDERSON, JON
Address: 2400 8TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

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:

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: MARGUERITE KING OM 04/01/2009
Electronic Signature of Signing Officer or Director Date