2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 265624

Address:

City-St-Zip:

1090 S. BROADWAY

BARTOW, FL

FILED Jan 21, 2009 Secretary of State

| Entity Name: TILL OFFICE EQUIPMENT, INC. | | | | | |
|---|---|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal I | New Principal Place of Business: | |
| 251 AVE. A WINTER H | A.S.W. HAVEN, FL 338 | 883 US | 251 AVE. A.S.W WINTER HAVEI | | |
| Current Mailing Address: | | | New Mailing Ad | New Mailing Address: | |
| 251 AVE. A.S.W. P.O. BOX 7307 WINTER HAVEN, FL 33883 US | | | 251 AVE. A.S.W P.O. BOX 7307 WINTER HAVEI | | |
| FEI Number: | 59-0994557 | 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: | | | | | |
| | ., ALLEN WARD DR. S. V HAVEN, FL 338 | | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its reg | istered office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electroni | c Signature of Registered Ag | ent | Date | |
| Election Can | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CH | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VP () TILL, RICHARD 1095 HIBISCUS BARTOW, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () WADDELL, SUS 15 LK. HOWARI WINTER HAVEN | D DR. SW. | Address: 15 LI | (X) Change () Addition DELL, SUSAN TILL, K. HOWARD DR. SW. FER HAVEN, FL | |
| Title: Name: Address: City-St-Zip: | S () TILL, WILMA J, 1090 S BROAD\ BARTOW, FL | Delete WAY 00000, | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P () WADDELL, ALL 15 LK. HOWARI WINTER HAVEN | DR. S.W. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | T () TILL, EDWARD | Delete RICHARD, | Title: Name: | () 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.

Address:

City-St-Zip:

SIGNATURE: ALLEN WADDELL **PRES** 01/21/2009