2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 471335

Entity Name: THREETON, INC.

Current Principal Place of Business:

1551 LAUREL RD
P.O. BOX 873
WINTER PARK, FL 327900873 US

New Principal Place of Business:

1551 LAUREL RD
WINTER PARK, FL 32789 US

Current Mailing Address:

1551 LAUREL RD
P.O. BOX 873
WINTER PARK, FL 327900873 US

New Mailing Address:

P.O.BOX 1660
WINTER PARK, FL 327901660 US

FEI Number: 59-1675081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRISMEN, LEILA E
1551 LAUREL ROAD
WINTER PARK, FL 32789 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: ASD ( ) Delete
Name: EDGERTON, MARIE P.,
Address: 234 W 3RD AVE.
City-St-Zip: MOUNT DORA, FL 32757

Title: VD ( ) Delete
Name: THAYER, CAROL E,
Address: 1639 35TH ST NW
City-St-Zip: WASHINGTON, DC 20007

Title: PTD ( ) Delete
Name: TRISMEN, LEILA E,
Address: 551 LAUREL RD
City-St-Zip: WINTER PARK, FL 32789

Title: VD ( ) Delete
Name: EDGERTON, PAGE,
Address: 3021 GROVE AVENUE
City-St-Zip: RICHMOND, VA 232212807

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: EDGERTON, MARIE P.,
Address: 234 W 3RD AVE.
City-St-Zip: MOUNT DORA, FL 32757

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: AS ( ) Change (X) Addition
Name: TRISMEN, ELIZABETH C
Address: 28 EAST ROSEVEAR STREET
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: LEILA E. TRISMEN PDT 01/09/2009
Electronic Signature of Signing Officer or Director Date