## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 576560** 

FILED Mar 19, 2009 Secretary of State

Entity Nar	me: BIEHL'S	SLIP-NOT, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	TH TAMIAMI <sup>-</sup> ORDA, FL 33:					
Current Mailing Address:			New Mailing Address:			
	TH TAMIAMI <sup>-</sup> ORDA, FL 33					
FEI Number: 59-2102330 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:	
	NNY L TH TAMIAMI <sup>-</sup> ORDA, FL 33					
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Ager			jent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( BIEHL, DANNY 1601 S TAMIAI PUNTA GORD	MI <sup>T</sup> RAIL	Title: Name: Address: City-St-Zip:	PD (2 BIEHL, DANN 1601 S TAMIA PUNTA GORE	MI TRAIL	
Title: Name: Address: City-St-Zip:	T ( BIEHL, BARBA 1601 S TAMIAI PUNTA GORD	MI TRL	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( STANFIELD, N 7051 PINEWO PUNTA GORD	OD LANE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name:	SAT ( FARMER, DAN	) Delete IIELLE H	Title: Name:	SAT (2 FARMER, DAI	X) Change()Addition NIELLE H	

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:

3524 PALM DR

PUNTA GORDA, FL 33950

SIGNATURE: DANIELLE FARMER SAT 03/19/2009

1601 TAMIAMI TRAIL #20

PUNTA GORDA, FL 33950

Address:

City-St-Zip: