

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 576677

FILED
Apr 24, 2008
Secretary of State

Entity Name: TOM BURRUSS SALES, INC.

Current Principal Place of Business:

150 N. CYPRESS WAY
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 181399
CASSELBERRY, FL 327181399 US

New Mailing Address:

FEI Number: 59-1824641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURRUSS, THOMAS O
150 N CYPRESS WAY
CASSELBERRY, FL 32707 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: ST () Delete
Name: BURRUSS, BEVERLY T,
Address: 2453 CAROLTON RD
City-St-Zip: MAITLAND, FL 32751

Title: PD () Delete
Name: BURRUSS, THOMAS,
Address: 2453 CAROLTON RD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BURRUSS, THOMAS O,
Address: 2453 CAROLTON RD
City-St-Zip: MAITLAND, FL 32751

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: T. O. BURRUSS

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date