

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001048

Entity Name: SAMUEL TILLES, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

601 S FEDERAL HWY
HOLLYWOOD, FL 330205421 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 221600
HOLLYWOOD, FL 330221600 US

New Mailing Address:

FEI Number: 21-0725430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLES, DAVID D
601 S FEDERAL HWY
HOLLYWOOD, FL 330205421 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: PD () Delete
Name: TILLES, DAVID D
Address: PO BOX 220936
City-St-Zip: HOLLYWOOD, FL 330220936

Title: DST () Delete
Name: TILLES, MINDY L
Address: PO BOX 221600
City-St-Zip: HOLLYWOOD, FL 330221600

Title: DV () Delete
Name: TILLES, ARNO W
Address: 10 ROGERS ST
City-St-Zip: CAMBRIDGE, MA 021421252

Title: DV () Delete
Name: TILLES, MONTY J
Address: PO BOX 78
City-St-Zip: S STRAFFORD, VT 050700078

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:

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: DAVID D TILLES

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date