

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43158

FILED
Apr 17, 2009
Secretary of State

Entity Name: TROPICAL TOOL SHARPENING, INC.

Current Principal Place of Business:

1408 S.W. 15TH AVE.
OCALA, FL 34474 US

New Principal Place of Business:

1408 S.W. 15TH AVE.
OCALA, FL 3447 US

Current Mailing Address:

1408 S.W. 15TH AVE.
OCALA, FL 34474 US

New Mailing Address:

1408 S.W. 15TH AVE.
OCALA, FL 34471 US

FEI Number: 59-2997948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANICH, MARY-HELEN
1995 SW 97TH PLACE
OCALA, FL 34476 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: T () Delete
Name: ANICH, TIFFANY
Address: 1995 S.W. 97TH PLACE
City-St-Zip: OCALA, FL

Title: P () Delete
Name: ANICH, S D
Address: 1995 SW 97TH PLACE
City-St-Zip: OCALA, FL

Title: VPS () Delete
Name: ANICH, MARY-HELEN
Address: 1995 SW 9TH PLACE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ANICH, TIFFANY
Address: 1995 S.W. 97TH PLACE
City-St-Zip: OCALA, FL 34476 US

Title: P (X) Change () Addition
Name: ANICH, S D
Address: 1995 SW 97TH PLACE
City-St-Zip: OCALA, FL 34476 US

Title: VPS (X) Change () Addition
Name: ANICH, MARY-HELEN
Address: 1995 SW 9TH PLACE
City-St-Zip: OCALA, FL 34476 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: MARY-HELEN ANICH

V.P.

04/17/2009

Electronic Signature of Signing Officer or Director

Date