2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89868

FILED Mar 18, 2009 Secretary of State

Entity Name: TOMMY A. STONEBRAKER, CONTRACTOR, INC. **New Principal Place of Business: Current Principal Place of Business:** 17504 PATTERSON RD. ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 17504 PATTERSON RD ODESSA, FL 33556 FEI Number: 59-2900426 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: STONEBRAKER, TOMMY A 17504 PATTERSON RD. ODESSA,, FL 33556 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition STONEBRAKER TOMMY A., STONEBRAKER TOMMY A., Name: Name: 17504 PATTERSON RD. 17504 PATTERSON RD. Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556

Title: S (X) Delete Title: () Change () Addition

 Name:
 STONEBRAKER JULIA H,
 Name:

 Address:
 17504 PATTERSON RD.
 Address:

 City-St-Zip:
 ODESSA, FL 33556
 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: TOMMY A STONEBRAKER PRES 03/18/2009