

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002850

Entity Name: TI-AMO, INC.

FILED  
Feb 10, 2009  
Secretary of State

## Current Principal Place of Business:

1232 FLORA VISTA ST.  
TRINITY, FL 34655

## New Principal Place of Business:

9806 REYNOSA DR.  
NEW PORT RICHEY, FL 34655

## Current Mailing Address:

1232 FLORA VISTA ST.  
TRINITY, FL 34655

## New Mailing Address:

9806 REYNOSA DR.  
NEW PORT RICHEY, FL 34655

FEI Number: 59-3726209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAIG, FRANCES  
1232 FLORA VISTA ST.  
TRINITY, FL 34655 US

## Name and Address of New Registered Agent:

LA ROSA, ELLEN  
9806 REYNOSA DR.  
NEW PORT RICHEY, FL 34655 US

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: ELLEN LA ROSA

02/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALENA, WILLIAM  
Address: 1046 ALMONDWOOD DR  
City-St-Zip: TRINITY, FL 34655

Title: V ( ) Delete  
Name: WILSON, JOHN  
Address: 1027 DUSTAN PLACE  
City-St-Zip: TRINITY, FL 34655

Title: T ( ) Delete  
Name: CRAIG, FRANCES  
Address: 1232 FLORA VISTA ST.  
City-St-Zip: TRINITY, FL 34655

Title: S ( ) Delete  
Name: PICONE, MARIE  
Address: 4401 RUSTIC DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: FILIPPONI, DOMINICK  
Address: 1211 ALANBROOKE ST  
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete  
Name: MARIO, DEPLASCO  
Address: 1232 FLORA VISTA ST.  
City-St-Zip: TRINITY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V P (X) Change ( ) Addition  
Name: NACE, ELIZABETH  
Address: 1034 WINDING WILLOW DR.  
City-St-Zip: TRINITY, FL 34655

Title: T (X) Change ( ) Addition  
Name: LA ROSA, ELLEN  
Address: 9806 REYNOSA DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN LA ROSA

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date