2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000769

NORMAN, BART

3892 NE 4TH STREET

GRESHAM, OR 97030

Name:

Address:

City-St-Zip:

OLICK IN THE TRUCK PURPETS INC

FILED Apr 14, 2009 Secretary of State

Entity Nai	me: DUCKIN	I THE TRUCK PUPPETS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SUNVIEW TER BEACH, FL 34				
Current Mailing Address:			New Mailing Address:		
	SUNVIEW TER BEACH, FL 34				
FEI Number:	: 65-0740326	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	DAVID SUNVIEW TER BEACH, FL 34				
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OPASIK, DAVI	/IEW TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OPASIK, SUSA	/IEW TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (NELSON, E. M 3048 5TH AVE SACRAMENTO	NUE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	DV () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID OPASIK PD 04/14/2009