## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000063102

Entity Name: CCTM INDUSTRIES, INC.

MURPHY, BRENDA G

283 SE FONTANA GLEN

LAKE CITY, FL 32025

Name: Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 528 NW DIXIE ST LAKE CITY, FL 32055 **Current Mailing Address: New Mailing Address:** 370 NW RAILROAD ST LAKE CITY, FL 32055 FEI Number: 59-3700117 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: MURPHY, TIMOTHY B 283 SE FÓNTANA GLEN LAKE CITY, FL 32025 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: () Change () Addition MURPHY, TIMOTHY B Name: Name: 283 SE FONTANA GLEN Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition GRINSTEAD, MATTHEW S Name: GRINSTEAD, MATTHEW S Name: 199 SW BURNETT LANE 456 SE WOODHAVEN BLVD Address: Address: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: GRINSTEAD, LAURA M GRINSTEAD, LAURA M Name: Name: 199 SW BURNETT LANE 456 SE WOODHAVEN BLVD. Address: Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32025 Title: () 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 607, 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: BRENDA G. MURPHY TREA 04/16/2009