2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P00000098194

Entity Name: TFH CORP.

Current Principal Place of Business:

24814 SR 54
LUTZ, FL 33559

New Principal Place of Business:

1868-B HIGHLAND OAKS BLVD.
LUTZ, FL 33559

Current Mailing Address:

PO BOX 2466
LAND O"LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3677276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KREISCHER, ALBERT C JR
1407 W BUSCH BLVD
TAMPA, FL 33612 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: PS ( ) Delete
Name: TRIPP II, H. DOUGLAS
Address: 3634 SWANS LANDING DR
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP (X) Delete
Name: TRIPP, JOSEPH
Address: 2009 WALLACE RD
City-St-Zip: LUTZ, FL 33549

Title: TVP (X) Delete
Name: KENT, ANNETTE J
Address: 3609 SWANS LANDING
City-St-Zip: LAND O LAKES, FL 34639

Title: VP (X) Delete
Name: TRIPP, MICHAEL E
Address: 9332 FAIRWAY LAKE CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: H.DOUGLAS TRIPP PS 03/26/2009
Electronic Signature of Signing Officer or Director Date