

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112825

Entity Name: TROPICAL SUN CHASERS, INC.

FILED  
Jan 26, 2009  
Secretary of State

## Current Principal Place of Business:

1117 BERWICK VALLEY LN.  
CARY, NC 27513

## New Principal Place of Business:

## Current Mailing Address:

1117 BERWICK VALLEY LN.  
CARY, NC 27513

## New Mailing Address:

FEI Number: 59-3685933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MALIA, NANCY  
1733 WINDSONG CIR  
FLAGLER BEACH, FL 32136 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: PD ( ) Delete  
Name: GOETTSCH, DEBRA P  
Address: 512 AARON CIRCLE DRIVE  
City-St-Zip: DURHAM, NC 27713

Title: VD ( ) Delete  
Name: GOETTSCH, RICHARD T  
Address: 512 AARON CIRCLE DRIVE  
City-St-Zip: DURHAM, NC 27713

Title: SD ( ) Delete  
Name: GOETTSCH, ANDREA M  
Address: 212 APPELDOWN DRIVE  
City-St-Zip: CARY, NC 27513

Title: TD ( ) Delete  
Name: GOETTSCH, MICHAEL J  
Address: 409 KEN MARIL ROAD  
City-St-Zip: AMES, IA 50010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GOETTSCH, DEBRA P  
Address: 1117 BERWICK VALLEY LANE  
City-St-Zip: CARY, NC 27513

Title: VD (X) Change ( ) Addition  
Name: GOETTSCH, RICHARD T  
Address: 1117 BERWICK VALLEY LANE  
City-St-Zip: CARY, NC 27513

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

Title: TD (X) Change ( ) Addition  
Name: GOETTSCH, MICHAEL J  
Address: 609 KEN MARIL ROAD  
City-St-Zip: AMES, IA 50010

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: DEBRA P GOETTSCH

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date