

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090177

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: THURMAN RODDENBERRY & ASSOCIATES INC.

## Current Principal Place of Business:

POST OFFICE BOX 100  
HWY 319  
SOPCHOPPY, FL 32358

## New Principal Place of Business:

125 SHELDON STREET  
SOPCHOPPY, FL 32358

## Current Mailing Address:

POST OFFICE BOX 100  
HWY 319  
SOPCHOPPY, FL 32358

## New Mailing Address:

POST OFFICE BOX 100  
SOPCHOPPY, FL 32358

FEI Number: 59-3748805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODDENBERRY, JAMES T  
101 SHELDON STREET  
SOPCHOPPY, FL 32358 US

## Name and Address of New Registered Agent:

RODDENBERRY, JAMES T  
125 SHELDON STREET  
SOPCHOPPY, FL 32358 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:

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODDENBERRY, JAMES T  
Address: POST OFFICE BOX 100  
City-St-Zip: SOPCHOPPY, FL 32358

Title: VP ( ) Delete  
Name: RODDENBERRY, KIMBERLY R  
Address: POST OFFICE BOX 100  
City-St-Zip: SOPCHOPPY, FL 32358

Title: T ( ) Delete  
Name: STRICKLAND, ROBERT B  
Address: P O BOX 427  
City-St-Zip: SOPCHOPPY, FL 32358

Title: S ( ) Delete  
Name: RODDENBERRY, ROBERT D  
Address: P O BOX 22  
City-St-Zip: SOPCHOPPY, FL 32358

Title: AFS ( ) Delete  
Name: REVELL, CHARLES R  
Address: P.O. BOX 794  
City-St-Zip: CRAWFORDVILLE, FL 32358 US

## 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:

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: JAMES T. RODDENBERRY

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date