

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000480

Entity Name: TPF INVESTMENTS, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

2520 STATE ROAD 207
SUITE #A
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 26-0002189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSBEE, SUZANNE P
2520 STATE ROAD 207
SUITE #A
ST. AUGUSTINE, FL 32086 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: BUSBEE, SUZANNE P
Address: P.O. BOX 618
City-St-Zip: ST AUGUSTINE, FL 32085 US

Title: VP () Delete
Name: PACETTI, CHARLES A
Address: P.O. BOX 618
City-St-Zip: ST AUGUSTINE, FL 32085 US

Title: VP () Delete
Name: BARBOUR, CASSANDRA P
Address: P.O. BOX 618
City-St-Zip: ST AUGUSTINE, FL 32085 US

Title: VP () Delete
Name: PACETTI TENNYSON, CHEYENNE
Address: P.O. BOX 618
City-St-Zip: ST AUGUSTINE, FL 32085

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: SUZANNE P. BUSBEE

PS

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date