2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056421

Entity Name: THROCO, INC.

FILED Apr 01, 2009 Secretary of State

3842 NEWBERRY RD STE 1A

GAINESVILLE, FL 32607

New Mailing Address: Current Mailing Address:

4001 NEWBERRY ROAD 4001 W. NEWBERRY ROAD SUITE B3-3 SUITE B3-3 GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

FEI Number: 02-0610310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ROBERTS, JERRY ROBERTS, JERRY 4001 NEWBERRY ROAD 4001 W. NEWBERRY ROAD SUITE B3-3 SUITE B3-3 GAINESVILLE, FL 32607 US GAINESVILLE, FL 32607 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:

04/01/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

THEOHARIS, JIM THEOHARIS, JIM Name: Name: 4001 NEWBERRY ROAD, SUITE B3-3 4001 W. NEWBERRY ROAD, SUITE B3-3 Address: Address:

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: PD Title: PD () Delete (X) Change () Addition

ROBERTS, JERRY Name: Name: ROBERTS, JERRY

4001 NEWBERRY ROAD, SUITE B3-3 4001 W. NEWBERRY ROAD, SUITE B3-3 Address: Address:

GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 City-St-Zip: City-St-Zip:

Title: Title: STD () Delete STD (X) Change () Addition

COHEN, ANDY COHEN, ANDY Name: Name:

4001 NEWBERRY ROAD, SUITE B3-3 4001 W. NEWBERRY ROAD, SUITE B3-3 Address: Address:

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: (X) Delete Title: () Change () Addition

ROBERTS, GENA Name: 4001 NEWBERRY ROAD, SUITE B3-3 Address: GAINESVILLE, FL 32607 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.

Ρ SIGNATURE: JERRY ROBERTS 04/01/2009