

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081896

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: TINA M. BAHL, INC.

## Current Principal Place of Business:

3305 CAPITAL CIRCLE N.E.  
106  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

3305 CAPITAL CIRCLE N.E.  
106  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 81-0562813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPFORD, TINA M  
7585 ANGLEWOOD LANE  
TALLAHASSEE, FL 32312      US

## Name and Address of New Registered Agent:

LIPFORD, TINA M  
7585 ANGLEWOOD LANE  
TALLAHASSEE, FL 32309      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: TINA M. LIPFORD

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: LIPFORD, TINA M  
Address: 7585 ANGLEWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: LIPFORD, TINA M  
Address: 7585 ANGLEWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP      ( ) Change (X) Addition  
Name: LIPFORD, TINA M  
Address: 7585 ANGLEWOOD LN  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SECY      ( ) Change (X) Addition  
Name: LIPFORD, TINA M  
Address: 7585 ANGLEWOOD LN  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA      ( ) Change (X) Addition  
Name: LIPFORD, TINA M  
Address: 7585 ANGLEWOOD LN  
City-St-Zip: TALLAHASSEE, FL 32309

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: TINA M. LIPFORD

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date