

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107737

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: THONOTOSASSA MATERIALS CORP.

## Current Principal Place of Business:

13511 BALM RIVERVIEW ROAD  
RIVERVIEW, FL 33579 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2608  
RIVERVIEW, FL 33568

## New Mailing Address:

FEI Number: 14-1851773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, THOMAS M  
10422 TARA DRIVE  
RIVERVIEW, FL 33578 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: BROWN, THOMAS M  
Address: 13511 BALM RIVERVIEW ROAD  
City-St-Zip: RIVERVIEW, FL 33579

Title: ST ( ) Delete  
Name: BROWN, REBA C  
Address: 13511 BALM RIVERVIEW ROAD  
City-St-Zip: RIVERVIEW, FL 33579

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS M. BROWN

PD

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date