

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112533

Entity Name: TEAK EXPERIENCE, CO.

FILED
May 12, 2009
Secretary of State

Current Principal Place of Business:

24850 S. TAMiami TRAIL
SUITE 3&4
BONITA SPRINGS, FL 34134

Current Mailing Address:

PO BOX 366550
BONITA SPRINGS, FL 34135

New Principal Place of Business:

12259 TOSCANA WAY
101
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 14-1853433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SUZANNE H
12259 TOSCANA WAY
#101
BONITA SPRING, FL 34135 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

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: DP () Delete
Name: THOMAS, SUZANNE H
Address: 12259 TOSCANA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V () Delete
Name: THOMAS, RICHARDS C
Address: 12259 TOSCANA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: THOMAS, MARIE H
Address: 12259 TOSCANA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

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:

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 H THOMAS

DP

05/12/2009

Electronic Signature of Signing Officer or Director

Date