

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118026

FILED
Jan 15, 2009
Secretary of State

Entity Name: TOLEMAC, INC.

Current Principal Place of Business:

11655 CENTRAL PARKWAY
SUITE 302
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11655 CENTRAL PARKWAY
SUITE 302
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 58-1245561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGEHEE, CLIFF
11655 CENTRAL PARKWAY
SUITE 302
JACKSONVILLE, FL 32224 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: D () Delete
Name: MCGEHEE, CLARA
Address: 11655 CENTRAL PKWY SUITE 302
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: CURTIS, DOTTY
Address: 11655 CENTRAL PKWY SUITE 302
City-St-Zip: JACKSONVILLE, FL 32224

Title: P/T () Delete
Name: MCGEHEE, CLIFF
Address: 11655 CENTRAL PKWY SUITE 302
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: ELKINS, MARILYN
Address: 11655 CENTRAL PKWY SUITE 302
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: ELKINS, NICK
Address: 11655 CENTRAL PKWY SUITE 302
City-St-Zip: JACKSONVILLE, FL 32224

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:

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: CLIFF MCGEHEE

Electronic Signature of Signing Officer or Director

PRES

01/15/2009

_____ Date