

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000026351

Entity Name: T.R.B.C. INC

**FILED**  
**Sep 19, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2108 SOUTH PALMETTO AVENUE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

2108 SOUTH PALMETTO AVENUE  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 13-4242332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUTCHISON, THOMAS  
2108 SOUTH PALMETTO AVENUE  
SANFORD, FL 32771 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

**OFFICERS AND DIRECTORS:**

Title: P.VP ( ) Delete  
Name: HUTCHISON, THOMAS  
Address: 2108 SOUTH PALMETTO AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: S, T (X) Delete  
Name: HUTCHISON, RHONDA  
Address: 1598 STONE TRAIL  
City-St-Zip: ENTERPRISE, FL 32725

**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 HUTCHISON

P.VP

09/19/2008

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

\_\_\_\_\_  
Date