

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032333

FILED
Apr 24, 2009
Secretary of State

Entity Name: TIN CAN PAM'S OF WILDWOOD, INC.

Current Principal Place of Business:

1006 NORTH MAIN STREET
WILDWOOD, FL 347853429

New Principal Place of Business:

Current Mailing Address:

1006 NORTH MAIN STREET
WILDWOOD, FL 347853429

New Mailing Address:

FEI Number: 38-3675366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOXSOM, PATRICIA K
1006 N MAIN STREET
WILDWOOD, FL 34785 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: P () Delete
Name: BOWE, DAVID W JR.
Address: 18340 TOWNSEND HOUSE ROAD
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: PROWANT, JAYE
Address: PO BOX 832
City-St-Zip: DADE CITY, FL 33526

Title: S () Delete
Name: BLOXSOM, PATRICIA K
Address: PO BOX 324
City-St-Zip: SAN ANTONIO, FL 33576

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

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: T () Change (X) Addition
Name: BLOXSOM, PATRICIA K
Address: P.O. BOX 324
City-St-Zip: SAN ANTONIO, FL 33576

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: PATRICIA K BLOXSOM

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date