2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083151

Entity Name: TBAC, INC.

FILED Feb 13, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

702 11TH AVENUE NE RUSKIN, FL 33570

Current Mailing Address: New Mailing Address:

P.O. BOX 267 RUSKIN, FL 33575

FEI Number: 20-0049412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LILES, CYNTHIA 702 11TH AVENUE NE RUSKIN, FL 33570 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: LILES, CYNTHIA Name: LILES, CYNTHIA

 Address:
 P.O. BOX 267
 Address:
 P.O. BOX 267

 City-St-Zip:
 RUSKIN, FL 33570
 City-St-Zip:
 RUSKIN, FL 33575

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 PARKER, BRENDA A
 Name:
 PARKER, BRENDA A

 Address:
 P.O. BOX 267
 Address:
 P.O. BOX 267

 City-St-Zip:
 RUSKIN, FL 33570
 City-St-Zip:
 RUSKIN, FL 33575

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 WOOD, TERESA
 Name:
 WOOD, TERESA

 Address:
 P.O. BOX 267
 Address:
 P.O. BOX 267

 City-St-Zip:
 RUSKIN, FL 33570
 City-St-Zip:
 RUSKIN, FL 33575

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 DURDEN, AMY
 Name:
 DURDEN, AMY

 Address:
 P.O. BOX 267
 Address:
 P.O. BOX 267

 City-St-Zip:
 RUSKIN, FL 33570
 City-St-Zip:
 RUSKIN, FL 33575

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: CYNTHIA LILES PRES 02/13/2008