# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# P03000111504

**Entity Name:** BRIAN D. TAMBASCO, INC.

**Current Principal Place of Business:**

6960 S. STRAIGHT AVENUE
HOMOSASSA SPRINGS, FL 34447

**New Principal Place of Business:**

**Current Mailing Address:**

6960 S. STRAIGHT AVENUE
HOMOSASSA, FL 34446

**New Mailing Address:**

**FEI Number: 20-0285802** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CHILTON, KIMBERLY D
6960 S. STRAIGHT AVE.
HOMOSASSA, FL 34446 US

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

BEANE, TINA M
6960 S. STRAIGHT AVE.
HOMOSASSA, FL 34446 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: TINA M. BEANE 04/30/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: TAMBASCO, BRIAN D
Address: 6960 S. STRAIGHT AVE.
City-St-Zip: HOMOSASSA, FL 34446

Title: V ( ) Delete
Name: CHILTON, ROBERT D
Address: P.O. BOX 3147
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: T ( ) Delete
Name: CHILTON, KIMBERLY D
Address: P.O. BOX 3147
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: TODD, LUTHER
Address: 8491 ANNA GAIL DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

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: BRIAN D. TAMBASCO P 04/30/2009
Electronic Signature of Signing Officer or Director Date