

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024141

Entity Name: T-LITE CORPORATION

FILED  
Apr 02, 2009  
Secretary of State

**Current Principal Place of Business:**

709 MAIN ST  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

981 HWY 98 W  
SUITE 3, BOX 404  
DESTIN, FL 325412525

**New Mailing Address:**

FEI Number: 90-0141338      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHEYD, JOSEPH M JR  
1221 AIRPORT RD  
SUITE 209  
DESTIN, FL 32541 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: HASKINS, BRIAN  
Address: 12301 N GRANT ST, STE 120  
City-St-Zip: THORNTON, CO 80241 US

Title: COO ( ) Delete  
Name: CARLOZZI, SARA  
Address: 56 CEDAR PLACE  
City-St-Zip: FREEPORT, FL 32439 US

Title: CEO ( ) Delete  
Name: WILLIAMS, THOMAS  
Address: 709 MAIN ST  
City-St-Zip: DESTIN, FL 32541 US

Title: D ( ) Delete  
Name: TITUS, AIMEE  
Address: 95 BAY GROVE RD  
City-St-Zip: FREEPORT, FL 32439 US

**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:

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: SARA CARLOZZI

COO

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date