## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000053482

Entity Name: TAVISTOCK CUP, INC.

ODENBACH, ANDY

ORLANDO, FL 32819

4705 S. APOPKA VINELAND RD. STE 210

Name:

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	OPKA VINEL	AND RD			
SUITE 210 ORLANDO	D, FL 32819				
Current Mailing Address:			New Mailing Address:		
PO BOX 2 WINDERN	2080 MERE, FL 34	786			
FEI Number	: 84-1642539	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
<b>515 EAST</b>	ECT AGENTS PARK AVEN SSEE, FL 32	ÚE			
	e named entity e of Florida.	submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	PD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	ANAND, CHRI		Name:		
Address:		KA VINELAND RD. STE 210	Address:		
City-St-Zip:	ORLANDO, FI	L 32819	City-St-Zip:		
Title:	VD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	MCMAHON, C	•	Name:		
Address:	4705 S APOP	KA VINELAND RD. STE 210	Address:		
City-St-Zip:	ORLANDO, FI	L 32819	City-St-Zip:		
Title:	TS (	) Delete	Title:	( ) Change ( ) Addition	
Name:	VOSS, JEFFE		iluc.		
•			Name:	( ) Onlings ( ) / Maillon	
Address:	9350 CONRO		Name: Address:	( ) Change ( ) Mandell	
	9350 CONRO WINDERMER	RSON R Y WINDERMERE ROAD		( ) Shange ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER ANAND PD 04/13/2009