

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059659

Entity Name: T.J.T.C. INVESTMENTS, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

POB 180425
CASSELBERRY, FL 32718

New Principal Place of Business:

291 IRIS ROAD
CASSELBERRY, FL 32707

Current Mailing Address:

POB 180425
CASSELBERRY, FL 32718

New Mailing Address:

P.O. BOX 180425
CASSELBERRY, FL 32718

FEI Number: 20-1000687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE, FL 32202 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: BURD, TERRY H
Address: POB 180425
City-St-Zip: CASSELBERRY, FL 32718

Title: D (X) Delete
Name: CADENA, TERESA
Address: POB 180425
City-St-Zip: CASSELBERRY, FL 32718

Title: D (X) Delete
Name: BURD, JESSE
Address: POB 180425
City-St-Zip: CASSELBERRY, FL 32718

Title: D (X) Delete
Name: BURD, CAROLINE
Address: POB 180425
City-St-Zip: CASSELBERRY, FL 32718

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: TERRY BURD

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date