

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139329

Entity Name: TCD MAN CLIPPERS INC.

FILED  
Apr 18, 2009  
Secretary of State

## Current Principal Place of Business:

8382 NIGHTINGALE ROAD  
WEEKI WACHEE, FL 34613

## New Principal Place of Business:

## Current Mailing Address:

8382 NIGHTINGALE ROAD  
WEEKI WACHEE, FL 34613

## New Mailing Address:

FEI Number: 37-1497809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOODY, DONALD F  
5213 DOE EYED CT  
NEW PORT RICHEY, FL 34563 US

## Name and Address of New Registered Agent:

MOODY, DONALD F  
8382 NIGHTINGALE ROAD  
WEEKI WACHEE, FL 34613 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:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D P ( ) Delete  
Name: MOODY, DONALD F SR  
Address: 5213 DOE EYED CT  
City-St-Zip: NEW PORT RICHEY, FL 34563

Title: V ( ) Delete  
Name: MOODY, COLEEN L  
Address: 5213 DOE EYED CT  
City-St-Zip: NEW PORT RICHEY, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D P (X) Change ( ) Addition  
Name: MOODY, DONALD F SR  
Address: 8382 NIGHTINGALE ROAD  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: V (X) Change ( ) Addition  
Name: MOODY, COLEEN L  
Address: 8382 NIGHTINGALE ROAD  
City-St-Zip: WEEKI WACHEE, FL 34613

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: DONALD F MOODY

DP

04/18/2009

Electronic Signature of Signing Officer or Director

Date