

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012361

Entity Name: TARTER-LOUDON, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

3450 WEST WASHINGTON
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

3450 WEST WASHINGTON
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 01-0528012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, WILLIAM W.
4053 COLLETON COURT
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

GALLOWAY, WILLIAM W.
3450 WEST WASHINGTON ST.
MONTICELLO, FL 32344 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: WILLIAM GALLOWAY

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLOWAY, WILLIAM W.
Address: 3450 WEST WASHINGTON
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: GALLOWAY, MELAINE
Address: 3450 WEST WASHINGTON
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM GALLOWAY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date