

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053971

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: THOMAS & MELINDA CANN, P.A.

**Current Principal Place of Business:**

1167 SW THOREAU CT  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

1167 SW THOREAU CT  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 71-0980835      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CANN, THOMAS  
1167 SW THOREAU CT  
PALM CITY, FL 34990      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: CANN, THOMAS  
Address: 1167 SW THOREAU CT  
City-St-Zip: PALM CITY, FL 34990

Title: D      ( ) Delete  
Name: CANN, MELINDA  
Address: 1167 SW THOREAU CT  
City-St-Zip: PALM CITY, FL 34990

**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: THOMAS CANN

PRES

04/25/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date