

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064687

Entity Name: TENNAYERS INC.

FILED
Sep 01, 2008
Secretary of State

Current Principal Place of Business:

4589 NE 2ND ST
OCALA, FL 34470 US

New Principal Place of Business:

2151 NE 37TH ST
OCALA, FL 34479 US

Current Mailing Address:

4589 NE 2ND ST
OCALA, FL 34470 US

New Mailing Address:

2151 NE 37TH ST
OCALA, FL 34479 US

FEI Number: 20-2779964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, MICHAEL
4589 NE 2ND ST
OCALA, FL 34470 US

Name and Address of New Registered Agent:

THE TWISTED STEM
2151 NE 37TH ST
OCALA, FL 34470 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: CYNTHIA LARSON

09/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALDWELL, MICHAEL
Address: 4589 NE 2ND ST
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARSON, CINDY
Address: 2151 NE 37TH ST
City-St-Zip: OCALA, FL 34470 US

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: CINDY LARSON

PD

09/01/2008

Electronic Signature of Signing Officer or Director

Date