

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073220

Entity Name: T M C PRODUCTS, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

3085 GREEN TURTLE CIRCLE
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

3085 GREEN TURTLE CIRCLE
MIMS, FL 32754

New Mailing Address:

FEI Number: 72-1599921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODIE, EDMOND J JR.
3085 GREEN TURTLE CIRCLE
MIMS, FL 32754 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, D () Delete
Name: CLARK, CATHERINE
Address: 371 HIGHLAND AVENUE
City-St-Zip: SOUTH PORTLAND, MA 04106

Title: VSD () Delete
Name: CLARK, JOHN
Address: 371 HIGHLAND AVENUE
City-St-Zip: SOUTH PORTLAND, MA 04106

Title: V, D () Delete
Name: GOODIE, EDMOND J JR.
Address: 3085 GREEN TURTLE CIRCLE
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: CLARK, KATHRYN
Address: 159 ELDERBERRY DR
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: VSD (X) Change () Addition
Name: CLARK, JOHN
Address: 159 ELDERBERRY DR
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: VD (X) Change () Addition
Name: GOODIE, EDMOND J JR.
Address: 3085 GREEN TURTLE CIRCLE
City-St-Zip: MIMS, FL 32754

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: KATHRYN D. CLARK

MS

04/27/2009

Electronic Signature of Signing Officer or Director

Date