

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090018

FILED
Jan 14, 2009
Secretary of State

Entity Name: TRAUMATIC BRAIN EDUCATION ADULT COMMUNITY HOME, INC.

Current Principal Place of Business:

3858 WEST MAIN STREET
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1722
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 20-3050423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNICK, JOSEPH
1962 VANDOLAH ROAD
WAUCHULA, FL 33873 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: BRENNICK, JOSEPH
Address: POST OFFICE BOX 1722
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSEPH BRENNICK

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date