

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081657

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** THIS, THAT'N THE OTHER CORPORATION

**Current Principal Place of Business:**

3310 SE LAKE WEIR AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

3310 SE LAKE WEIR AVE  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 20-5339027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAHAN, ELLIE  
4612 SE 36TH AVE  
OCALA, FL 34480 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: PD ( ) Delete  
Name: TRAHAN, ELLIE  
Address: 4612 SE 36TH AVE.  
City-St-Zip: OCALA, FL 34480

Title: VD ( ) Delete  
Name: LAPIERRE, LUANN  
Address: 31 PECAN COURSE CIRCLE  
City-St-Zip: OCALA, FL 34472

Title: SD ( ) Delete  
Name: STARLING, DEBORAH  
Address: 500 SE 49TH AVE  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ELLIE TRAHAN

PD

04/21/2009

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

\_\_\_\_\_  
Date