

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049304

Entity Name: TEKAMPE ASSOCIATES, INC.

FILED  
May 27, 2009  
Secretary of State

## Current Principal Place of Business:

527 MEADOW SWEET CIRCLE  
OSPREY, FL 34229

## New Principal Place of Business:

## Current Mailing Address:

527 MEADOW SWEET CIRCLE  
OSPREY, FL 34229

## New Mailing Address:

FEI Number: 20-8883043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TEKAMPE, FLOYD  
527 MEADOW SWEET CIRCLE  
OSPREY, FL 34229 US

## Name and Address of New Registered Agent:

TEKAMPE, FLOYD A  
527 MEADOW SWEET CIRCLE  
OSPREY, FL 34229 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: FLOYD A TEKAMPE

05/27/2009

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: DPT ( ) Delete  
Name: TEKAMPE, FLOYD  
Address: 527 MEADOW SWEET CIRCLE  
City-St-Zip: OSPREY, FL 34229

Title: DS ( ) Delete  
Name: TEKAMPE, AUDREY  
Address: 527 MEADOW SWEET CIRCLE  
City-St-Zip: OSPREY, FL 34229

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: TEKAMPE, FLOYD A  
Address: 527 MEADOW SWEET CIRCLE  
City-St-Zip: OSPREY, FL 34229

Title: DS (X) Change ( ) Addition  
Name: TEKAMPE, AUDREY P  
Address: 527 MEADOW SWEET CIRCLE  
City-St-Zip: OSPREY, FL 34229

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: FLOYD A TEKAMPE

PRES

05/27/2009

Electronic Signature of Signing Officer or Director

Date