

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000101

Entity Name: TFC SYSTEMS, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

2359 BRENTFIELD RD. W.  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

10151 DEERWOOD PARK BLVD.  
BLDG 200, SUITE 250  
JACKSONVILLE, FL 32256

## Current Mailing Address:

2359 BRENTFIELD RD. W.  
JACKSONVILLE, FL 32225

## New Mailing Address:

10151 DEERWOOD PARK BLVD.  
BLDG 200, SUITE 250  
JACKSONVILLE, FL 32256

FEI Number: 33-1197449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODWIN, DAVID S  
2359 BRENTFIELD RD. W.  
JACKSONVILLE, FL 32225 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS ( ) Change (X) Addition  
Name: GOODWIN, DAVID S  
Address: 2359 BRENTFIELD RD. W.  
City-St-Zip: JACKSONVILLE, FL 32225

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: DAVID S. GOODWIN

PRS

04/16/2009

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

\_\_\_\_\_  
Date