2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16317

City-St-Zip:

TAMPA, FL 33605

Entity Name: SAHLMAN HOLDING COMPANY, INC.

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1601 SAH TAMPA, F	ILMAN DRIVE FL 33605			
Current Mailing Address:			New Mailing Address:	
1601 SAH TAMPA, F	ILMAN DRIVE FL 33605			
FEI Number	r: 59-2833866	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	N SEAFOODS, ILMAN DRIVE FL 33605 U	_		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DIR (SAHLMAN, CH 1601 SALHLM, TAMPA, FL 33	AN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEC (DUSENBRRY, 1601 SALHLM, TAMPA, FL 33) Delete B J SEC/TRE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	DID (Oity of Zip.	
Address: City-St-Zip:	SAHLMAN, WI	605) Delete	Title: Name: Address: City-St-Zip:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: CHARLES W. SAHLMAN DIR 02/10/2009