

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000027102

Entity Name: THL ENTERPRISES, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

7371 ROWLETT PARK DRIVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

7371 ROWLETT PARK DRIVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3236978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, TIMOTHY T
929 BEACON STREET
TAMPA, FL 33603 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: LOPEZ, TIMOTHY T
Address: 929 BEACON STREET
City-St-Zip: TAMPA, FL 33603

Title: VD () Delete
Name: LOPEZ, TIMOTHY T
Address: 929 BEACON AVE.
City-St-Zip: TAMPA, FL 33603

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, TIMOTHY T PRES
Address: 929 BEACON STREET
City-St-Zip: TAMPA, FL 33603 US

Title: VP (X) Change () Addition
Name: LOPEZ, TODD T VP-OPER
Address: 3309 KING RICHARD COURT
City-St-Zip: SEFFNER, FL 33584 US

Title: VP () Change (X) Addition
Name: BURDINE, TIMOTHY L VP-PROD
Address: 3712 E. LINDA
City-St-Zip: TAMPA, FL 33604 US

Title: TREA () Change (X) Addition
Name: LOPEZ, TIMOTHY T TREASUR
Address: 929 BEACON STREET
City-St-Zip: TAMPA, FL 33603 US

Title: SEC () Change (X) Addition
Name: CARLISLE, LUJAN D SEC.
Address: 5611 KENNEDY HILLS DRIVE
City-St-Zip: SEFFNER, FL 33584 US

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: LUJAN D. CARLISLE

Electronic Signature of Signing Officer or Director

SEC.

04/16/2009

_____ Date