

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081105

FILED
Apr 24, 2009
Secretary of State

Entity Name: TIN CAN PAM'S, INC.

Current Principal Place of Business:

14444 7TH ST
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

14444 7TH ST
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-3274915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOXSOM, PATRICIA K
14444 7TH STREET
DADE CITY, FL 33523 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: P () Delete
Name: BOWE, DAVID W JR
Address: 18340 TOWNSEND HOUSE RD
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: BLOXSOM, PATRICIA K
Address: PO BOX 324
City-St-Zip: SAN ANTONIO, FL 33576

Title: S () Delete
Name: BOWE, DAVID W III
Address: 39526 DREW DRIVE
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: BLOXSOM, PATRICIA K
Address: PO BOX 324
City-St-Zip: SAN ANTONIO, FL 33576

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:

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: PATRICIA K BLOXSOM

VP

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date