

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093715

Entity Name: T.L. CANNON MANAGEMENT CORPORATION

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

220 PONTE VERDRA PARK DR #100  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

220 PONTE VERDRA PARK DR #100  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 59-3285967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAIRBAIRN, MATTHEW  
220 PONTE VERDRA PARK DR #100  
PONTE VEDRA BEACH, FL 32082 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: D ( ) Delete  
Name: STEIN, DAVID  
Address: 220 PONTE VERDRA PARK DR #100  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D ( ) Delete  
Name: FAIRBAIRN, MATTHEW  
Address: 220 PONTE VERDRA PARK DR #100  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VD ( ) Delete  
Name: PERRY, JOHN  
Address: 220 PONTE VERDRA PARK DR #100  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V ( ) Delete  
Name: MABRY, RITCH  
Address: 220 PONTE VERDRA PARK DR #100  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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: RITCH MABRY

V

01/19/2009

Electronic Signature of Signing Officer or Director

Date