

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003046

Entity Name: T D T, INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

4458 S. US HIGHWAY 441  
LAKE CITY, FL 32025

## New Principal Place of Business:

6115 SW LELAND AVENUE  
DES MOINES, IA 50321

## Current Mailing Address:

4458 S. US HIGHWAY 441  
LAKE CITY, FL 32025

## New Mailing Address:

6115 SW LELAND AVENUE  
DES MOINES, IA 50321

FEI Number: 59-3363076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: ANNETT, TIM  
Address: 6115 SW LELAND AVENUE  
City-St-Zip: DES MOINES, IA 50321 US

Title: VP ( ) Delete  
Name: CLARK, LARRY J  
Address: 6115 SW LELAND AVENUE  
City-St-Zip: DES MOINES, IA 50321 US

Title: SEC ( ) Delete  
Name: ANNETT, HARROLD W  
Address: 6115 SW LELAND AVENUE  
City-St-Zip: DES MOINES, IA 50321 US

Title: TREA ( ) Delete  
Name: ANNETT, HARROLD W  
Address: 6115 SW LELAND AVENUE  
City-St-Zip: DES MOINES, IA 50321 US

Title: VP ( ) Delete  
Name: MCCRAVY, GLEN  
Address: 6115 SW LELAND AVENUE  
City-St-Zip: DES MOINES, IA 50321

Title: D ( ) Delete  
Name: ANNETT, HARROLD W  
Address: 6115 SW LELAND AVENUE  
City-St-Zip: DES MOINES, IA 50321 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANNETT, HARROLD W  
Address: 6115 SW LELAND AVENUE  
City-St-Zip: DES MOINES, IA 50321 US

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:

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: HARROLD W. ANNETT

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date