## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000102947

Name:

Address:

City-St-Zip:

THOMAS, BEGGS J IV

MADISON, FL 32340

195 N WASHINGTON AVE

Entity Name: T. J. BEGGS AND COMPANY, INCORPORATED

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
106 S RAN	NGE ST	e or Business:	New Principal Place o	or Business:	
MADISON	, FL 32340				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	SHINGTON A , FL 32340	VE			
FEI Number:	: 59-3420519	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
195 N WA MADISON	HOMAS J III SHINGTON A , FL 32340	US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( BEGGS, THOM 195 N WASHIN MADISON, FL	IGTON AVE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( BEGGS, MAR` 195 N WASHIN MADISON, FL	IGTON AVE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	STD (	) Delete	Title: (	) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS J BEGGS III PD 03/09/2009