

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101605

FILED
Apr 22, 2009
Secretary of State

Entity Name: THOMAS K. GOLDIE, INC.

Current Principal Place of Business:

6212 PINE LANE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6212 PINE LANE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3484368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL MEDINA, P.A.
902 S. FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803 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: GOLDIE, THOMAS K
Address: 6212 PINE LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: GOLDIE, SALLY ANN
Address: 6212 PINE LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: GOLDIE, VERA ELLEN
Address: 6212 PINE LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: THOMPSON, GENE ANNE G
Address: 5726 SUMMITVIEW CT
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: DILLER, JO-ONNA I
Address: 3562 VIEW POINTE DRIVE
City-St-Zip: MACEDON, NY 14502

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:

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: DANIEL MEDINA

Electronic Signature of Signing Officer or Director

AGEN

04/22/2009

_____ Date