## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000018882

Title:

Name:

Address: City-St-Zip: PD

MARCOTTE, WILLIAM A

LABELLE, FL 33935 US

1289 IVAN BLVD

FILED Apr 24, 2009 Secretary of State

Entity Name: TANGLEWOOD OAKS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1289 IVAN BLVD LABELLE, FL 33935 **Current Mailing Address: New Mailing Address:** P.O. BOX 460 LABELLE, FL 33975 FEI Number: 65-0898778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARCOTTE, WILLIAM A 1289 IVAN BLVD LABELLE, FL 33935 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition POLHILL, FRANK Name: Name: POLHILL, FRANK 2160 HIGHWAY 27 497 CALOOSA ESTATES DR. Address: Address: City-St-Zip: CLEWISTON, FL 33440 US City-St-Zip: LABELLE, FL 33935 US Title: SD Title: SD (X) Change ( ) Addition () Delete Name: KINNEY, KENNETH E JR Name: MILLER, DAVID N P.O. BOX 672 670 WASHINGTON AVE Address: Address: LABELLE, FL 33935 US City-St-Zip: LABELLE, FL 33935 US City-St-Zip: ( ) Delete

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM A. MARCOTTE PD 04/24/2009

() Change () Addition