## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000049290

SHUE, MIKE

7115 INDIAN BOW LN

SARASOTA, FL 34240

Name:

Address:

City-St-Zip:

Entity Name: TQ MANUFACTURING CORPORATION

FILED Mar 11, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principa	New Principal Place of Business:		
2156 - 10T SARASOT	TH ST. A, FL 34237					
Current Mailing Address:			New Mailing Address:			
2156 - 10T SARASOT	TH ST. TA, FL 34237					
FEI Number	: 65-0925606	FEI Number Applied For()	FEI Number Not Applicab	le ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
2156 - 10T	N, K. SCOTT H ST. A, FL 34237	US				
	named entity e of Florida.	submits this statement for the pu	urpose of changing its re	egistered office or registered agent, or both,		
SIGNATU	RE:					
Electronic Signature of Registered Agent			nt	Date		
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( KAUFFMAN, K 1645 FOX CR SARASOTA, F	EEK DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S ( SHUE, RICHAI 2546 RIVER R SARASOTA, F	IDGE DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V ( SHUE, LARRY 7030 RICHARI SARASOTA, F	DSON DR	Address: 24	(X) Change()Addition UE, LARRY 18 SUNNYSIDE LANE RASOTA, FL 34239		
Title:	Τ (	) 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: K. SCOTT KAUFFMAN P 03/11/2009