

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63886

FILED
Apr 29, 2009
Secretary of State

Entity Name: T.H.C. FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3037 BUCKRIDGE TRAIL
LOXAHATCHEE, FL 33470

New Principal Place of Business:

515 NORTH FLAGLER DRIVE
SUITE 401
WEST PALM BEACH, FL 33401

Current Mailing Address:

P O BOX 885
LOXAHATCHEE, FL 33470 US

New Mailing Address:

515 NORTH FLAGLER DRIVE
SUITE 401
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0318368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PFERDEKEMPER, DR. HORST E
3037 BUCKRIDGE TR
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

HUFFMAN, KENT - ESQ.
515 NORTH FLAGLER DRIVE
SUITE 401
WEST PALM BEACH, FL 33401 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: KENT HUFFMAN, ESQ

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: PFERDEKEMPER, HORST E
Address: 3037 BUCKRIDGE TR
City-St-Zip: LOXHATCHEE, FL 33470

Title: S (X) Delete
Name: PFERDEKEMPER, GISELA
Address: 3037 BUCKRIDGE TRL
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: HUFFMAN, KENT ESQ.
Address: 515 NORTH FLAGLER DRIVE, SUITE 401
City-St-Zip: WEST PALM BEACH, FL 33401

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: KENT HUFFMAN, ESQ.

PTS

04/29/2009

Electronic Signature of Signing Officer or Director

Date