

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97810

Entity Name: TFPS, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

550 NW LEJEUNE RD  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

550 NW LEJEUNE RD  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 65-0328495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOOK, RAY  
550 NW LEJEUNE RD  
MIAMI, FL 33126 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: VC ( ) Delete  
Name: LAWSON, GENE  
Address: 22465 OVERLAKE  
City-St-Zip: LAKE FORREST, CA 92630

Title: C ( ) Delete  
Name: MATTHEWS, VICTOR  
Address: 7955 DINES ROAD  
City-St-Zip: NOVELTY, OH 44072

Title: AS ( ) Delete  
Name: BURRELL, CATHERINE R  
Address: 550 NW LEJEUNE RD.  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: SHOOK, RAY  
Address: 550 NW LEJEUNE RD.  
City-St-Zip: MIAMI, FL 33126

Title: AT ( ) Delete  
Name: TARAFA, FRANK  
Address: 550 NW LEJEUNE RD  
City-St-Zip: MIAMI, FL 33126

Title: T ( ) Delete  
Name: LIPPHARDT, EARL  
Address: 950 AVONIA RD  
City-St-Zip: FAIRVIEW, PA 16415

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition  
Name: MATTHEWS, VICTOR  
Address: 7955 DINES ROAD  
City-St-Zip: NOVELTY, OH 44072

Title: C (X) Change ( ) Addition  
Name: BRUSKOTTER, JOHN C  
Address: 14254 HIGHWAY 23  
City-St-Zip: BELLE CHASSE, LA 70037

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: RAY SHOOK

S

04/16/2009

Electronic Signature of Signing Officer or Director

Date