

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59058

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ROSS TEIGEN, LUTHIER, INC.

## Current Principal Place of Business:

4744 GOLDEN GATE PARKWAY  
NAPLES, FL 33999

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 990421  
NAPLES, FL 33999

## New Mailing Address:

P.O. BOX 990421  
NAPLES, FL 34116

FEI Number: 59-3084003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEIGEN, ROSS  
830 11TH STREET, NW  
NAPLES, FL 34120 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: P ( ) Delete  
Name: TEIGEN, ROSS  
Address: 830 11TH STREET NW  
City-St-Zip: NAPLES, FL 34120

Title: S ( ) Delete  
Name: TEIGEN, JULIE  
Address: 830 11TH STREET NW  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSS TEIGEN

PRES

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date