

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63851

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: FLEA MARKET TALLAHASSEE, INC.

## Current Principal Place of Business:

5353 CAPITAL CIRCLE SW  
TALLAHASSEE, FL 32305 US

## New Principal Place of Business:

## Current Mailing Address:

5353 CAPITAL CIRCLE SW  
TALLAHASSEE, FL 32305 US

## New Mailing Address:

FEI Number: 59-3143348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHADDIX, STEVEN L  
1275 BEVILLE RD  
DAYTONA BCH, FL 32119 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: D ( ) Delete  
Name: SHADDIX, WILLIAM O II  
Address: 1 DEER MOSS TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: GORDON, SHARON S  
Address: 7611 TIMBERLY CT.  
City-St-Zip: MCLEAN, VA 22102

Title: D ( ) Delete  
Name: FOX, SHARLENE S  
Address: 686 FERNCLIFF DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: SHADDIX, MADELINE E  
Address: 6 HOMAN TERR.  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VPD ( ) Delete  
Name: SHADDIX, WILLIAM S  
Address: 2130 OLD DAYTONA RD.  
City-St-Zip: DAYTONA BEACH, FL 32128

Title: PD ( ) Delete  
Name: SHADDIX, STEVEN L  
Address: 5607 S. E. 44TH CIRCLE  
City-St-Zip: OCALA, FL 34480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SHADDIX, STEVEN L  
Address: 12888 S. E. HWY 441  
City-St-Zip: OCALA, FL 34420

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: HOWARD FOX

VP

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date