


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 701305 1. Entity Name THOMAS -DOROTHY- FOUNDATION, INC.	
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Principal Place of Business 100 NORTH TAMPA STREET SUITE 2035 TAMPA FL 33602	Mailing Address PO BOX 3436 TAMPA FL 33601
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-6059765	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
THOMAS, MICHAEL 100 NORTH TAMPA STREET SUITE 2035 TAMPA FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL
STREET ADDRESS	100 NORTH TAMPA ST SUITE 2035
CITY- ST- ZIP	TAMPA FL 33602
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, ROBERT
STREET ADDRESS	912 ANCHORAGE
CITY- ST- ZIP	TAMPA, FLORIDA 0
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, STEPHEN
STREET ADDRESS	16001 BOYETTE ROAD
CITY- ST- ZIP	RIVERVIEW FL
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, ROBERT M.
STREET ADDRESS	50 RANCH ROAD
CITY- ST- ZIP	THONOTSASSA FL
TITLE	AS <input type="checkbox"/> Delete
NAME	HUETTEMAN, SUSAN R.
STREET ADDRESS	747 BURLWOOD ST
CITY- ST- ZIP	BRANDON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000021332
01/29/04-80103-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Thomas* Michael Thomas 1/27/04 (813) 229-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #