## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000468

**Entity Name: THERMWOOD CORPORATION** 

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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904 BUFFALOVILLE RD 904 BUFFALOVILLE RD **DALE, IN 47523** DALE, IN 47523

**Current Mailing Address: New Mailing Address:** 

PO BOX 463 PO BOX 463

DALE, IN 475230436 DALE, IN 475230436 US

FEI Number: 35-1169185 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

**BUSINESS FILINGS INC** 660 EAST JEFFERSON STREET TALLAHASSEE, FL 323010000 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:

City-St-Zip:

DALE, IN 47523

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEOD Title: CEOD ( ) Delete Title: (X) Change ( ) Addition SUSNJARA, KENNETH J MR. Name: SUSNJARA, KENNETH J MR. Name: 26872 CHAPLIN RD. 26872 CHAPLIN RD. Address: Address: City-St-Zip: BIRDSEYE, IN 47513 City-St-Zip: BIRDSEYE, IN 47513 US

Title: SD Title: SD ( ) Delete (X) Change ( ) Addition Name: SUSNJARA, LINDA MRS. Name: SUSNJARA, LINDA MRS.

26872 CHAPLIN RD. 26872 CHAPLIN RD Address: Address: BIRDSEYE, IN 47513 BIRDSEYE, IN 47513 US City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition HARDESTY, MICHAEL P MR. HARDESTY, MICHAEL P MR. Name: Name: 904 BUFFALOVILLE RD 904 BUFFALOVILLE RD Address: Address: City-St-Zip: DALE, IN 47523 City-St-Zip: **DALE, IN 47523 US** 

Title: ( ) Delete Title: (X) Change ( ) Addition

FULLER, REBECCA FULLER, REBECCA Name: Name: Address: 904 BUFFALOVILLE RD Address: 904 BUFFALOVILLE RD DALE, IN 47523 DALE, IN 47523 US

City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete SUSNJARA, JASON MR. SUSNJARA, JASON MR. Name: Name: 801 W. MELCHIOR DR. Address: 801 W. MELCHIOR DR. Address: SANTA CLAUS, IN 47579 US City-St-Zip: SANTA CLAUS, IN 47579 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition SUSNJARA, JENNIFER MS. SUSNJARA, JENNIFER MS. Name: Name: 904 BUFFALOVILLE RD 904 BUFFALOVILLE RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

DALE. IN 47523 US

SIGNATURE: REBECCA FULER Τ 01/06/2005