


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L90606 1. Entity Name PRENTICE THOMAS & ASSOCIATES, INC.	
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Principal Place of Business 425 E HOLLYWOOD BLVD SUITE D MARY ESTHER, FL 32569	Mailing Address P.O. BOX 4246 FORT WALTON BEACH, FL 32549
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04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3027557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JR, PRENTICE M
35 BAY DRIVE, NE
FORT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

100000323291
04/22/05-80048-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, PRENTICE M. JR 35 BAY DRIVE, NE FORT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, L. JANICE 35 BAY DRIVE, NE FORT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULLER, BARBARA A 63 SILVA DR NW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, BARBARA A 63 SILVA DR, NW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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: Barbara A. Fuller 4/19/05 850-243-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #