

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000095645

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** THORNWOOD PLANT BROKERS INC.

**Current Principal Place of Business:**

10730 US-19  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

10730 US-19  
PORT RICHEY, FL 34668

**New Mailing Address:**

14309 THORNWOOD TRAIL  
HUDSON, FL 34669

**FEI Number:** 75-3164072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4TH FL  
MIAMI, FL 33145 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: PSTD ( ) Delete  
Name: WEEKS, JOSEPH  
Address: 10730 US-19  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: WEEKS, JOSEPH R PSTD  
Address: 14309 THORNWOOD TRAIL  
City-St-Zip: HUDSON, FL 34669

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.

**SIGNATURE:** JOSEPH R.WEEKS JR.

PSTD

04/29/2005

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

\_\_\_\_\_  
Date