

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037436

FILED  
Jul 02, 2006  
Secretary of State

Entity Name: THINK A LOT, INC.

**Current Principal Place of Business:**

6086 SANCTUARY GARDEN BLVD.  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

6086 SANCTUARY GARDEN BLVD.  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

HOLLENKAMP, JAMES  
6086 SANCTUARY GARDEN BLVD.  
PORT ORANGE, FL 32128 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLLENKAMP, JAMES  
Address: 6086 SANCTUARY GARDEN BLVD  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: T ( ) Delete  
Name: HOLLENKAMP, MARY DEE  
Address: 6086 SANCTUARY GARDEN BLVD  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP ( ) Delete  
Name: HARRYMAN, JASEN  
Address: 7691 RIDGE CHAPLE RD  
City-St-Zip: HANOVER, MD 21076

Title: S ( ) Delete  
Name: HARRYMAN, MARLENE  
Address: 7691 RIDGE CHAPLE RD  
City-St-Zip: HANOVER, MD 21076

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

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

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

Title: VP (X) Change ( ) Addition  
Name: HARRYMAN, JASEN  
Address: 6101 SANCTUARY GARDEN BLVD  
City-St-Zip: PORT ORANGE FL, FL 32128

Title: S (X) Change ( ) Addition  
Name: HARRYMAN, MARLENE  
Address: 6101 SANMCTUARY GARDEN BLVD  
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES H HOLLENKAMP

P

07/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date