

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90174 015 ***550.00

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1. Entity Name
THOMPSON GOODIS THOMPSON GROSECLOSE &
RICHARDSON, A PROFESSIONAL ASSOCIATION



Principal Place of Business
700 CENTRAL AVENUE
SUITE 500
ST. PETERSBURG, FL 33701 US

Mailing Address
P O BOX 90
ST. PETERSBURG, FL 33731 US



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3161924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODIS, JEFFREY M
333 THIRD AVE N 4TH FL
ST. PETERSBURG, FL 33701

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THOMPSON, JAMES B
333 THIRD AVE N 4TH FL
ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
GOODIS, JEFFREY M
333 THIRD AVE N 4TH FL
ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
THOMPSON JR JAMES B
333 THIRD AVE N 4TH FL
ST PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James B. Thompson

5/1/04

727-823-0540