

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088088

Entity Name: THREAD SOURCE, INC.

FILED  
Feb 14, 2005  
Secretary of State

**Current Principal Place of Business:**

6401 METRO PLANTATION RD.  
FT. MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 61622  
FT. MYERS, FL 33906 US

**New Mailing Address:**

FEI Number: 65-0454815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VACCARO, TROY T  
1554 BAMBOO CIRCLE  
FT. MYERS, FL 33901 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: D ( ) Delete  
Name: BUCHBINDER, WALTER R  
Address: 32102 SPRINGSIDE LANE  
City-St-Zip: SOLON, OH 44139

Title: D ( ) Delete  
Name: TAYLOR, B. HUGH  
Address: 1613 ASHLEY WOOD WAY  
City-St-Zip: BIRMINGHAM, AL 35216

Title: PDCM ( ) Delete  
Name: VACCARO, TROY T  
Address: 1554 BAMBOO CIRCLE  
City-St-Zip: FORT MYERS, FL 33901

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

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

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

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

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: TROY T. VACCARO

PDCM

02/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date