


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000042446
 1. Entity Name
BILL THOMAS & SON, INC.



Principal Place of Business Mailing Address
1310 11TH STREET, S.W. **1310 11TH STREET, S.W.**
NAPLES, FL 33964 **NAPLES, FL 33964**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0498584	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, CAROL A
1310 11TH STREET SW
NAPLES, FL 34117

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	D THOMAS, WILLIAM E 1310 11TH STREET, S.W. NAPLES, FL 33964
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, CAROL A 1310 11TH STREET, S.W. NAPLES, FL 33964
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, KENNETH W 1310 11TH STREET, S.W. NAPLES, FL 33964
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRADY, MATTHEW S 1310 11 ST. SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

~~100000022873
01/31/04-80001-003 150.00~~

100000022890
02/02/04-80004-003 150.00

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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: Carol A. Thomas Carol A. Thomas 1-26-04 (239) 732-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #