


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # S86140 1. Entity Name THOMAS FARMS OF LACROSSE, INC.			
Principal Place of Business 20915 N ST RD 121 LACROSSE FL 32658 US		Mailing Address PO BOX 404 LACROSSE FL 32658	
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 59-3090149				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, ROLAND J 3026 STATE ROAD 235 BROOKER FL 32622			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	THOMAS, R J	<input type="checkbox"/> Delete	TITLE	Change	U00000593266	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3026 ST RD 235		NAME		01/22/07-90025-002 150.00	
STREET ADDRESS		BROOKER FL 32622		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	S	THOMAS, R G	<input type="checkbox"/> Delete	TITLE	Change		Addition
NAME		3026 ST RD 236		NAME			
STREET ADDRESS		BROOKER FL 32622		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE	Change		Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE	Change		Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE	Change		Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jeff Thomas **JEFF THOMAS** 1/17/07 (386) 462-1203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES Date Daytime Phone #