

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 044 ***150.00



DOCUMENT # S86140
 1. Entity Name
THOMAS FARMS OF LACROSSE, INC.

Principal Place of Business Mailing Address
 20915 N ST RD 121 PO BOX 404
 LACROSSE FL 32658 LACROSSE FL 32658
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/08)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3090149 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
THOMAS, ROLAND J 3026 STATE ROAD 235 BROOKER FL 32622	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, R J		NAME		
STREET ADDRESS	3026 ST RD 235		STREET ADDRESS		
CITY-ST-ZIP	BROOKER FL 32622		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, R G		NAME		
STREET ADDRESS	3026 ST RD 236		STREET ADDRESS		
CITY-ST-ZIP	BROOKER FL 32622		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 Chapter 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: R. J. Thomas 6/19/08 (352) 538-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

June 19, 08

ATTACHMENT

40109057

#386140

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6850
TAUAHASSEE, FL. 32314


RE: THOMAS FARMS OF LACROSSE INC.
P.O. BOX 404
LACROSSE, FL. 32658
2008 FOR PROFIT CORP. ANNUAL REPORT.

GENTLEMEN,

We recently discovered we had not filed this report and called TAUAHASSEE for instructions. We were informed if we had not received the ANNUAL NOTICE we would not have to pay the late fee. Therefore we are enclosing a check for \$150.00 which is the fee if we had been notified and paid on time.

THANKS

Thomas Farms of LaCrosse, Inc.
P. O. Box 404
LaCrosse, FL 32658


ROLAND J. THOMAS, Pres.