

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99677

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: THOM WIL, INC.

**Current Principal Place of Business:**

303 SW 27 AVE  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

2951 SW 14 ST  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0300659      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILHELM, THOMAS  
2951 SW 14 ST  
FT LAUDERDALE, FL 33312 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: SDPT ( ) Delete  
Name: WILHELM, THOMAS  
Address: 2951 SW 14 ST  
City-St-Zip: FT LAUDERDALE, FL

Title: VP ( ) Delete  
Name: COMPTOIER, JON CHRISTIAN  
Address: 2626 SHERMAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: WILHELM, THOMAS  
Address: 2951 SW 14 STREET  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T ( ) Delete  
Name: WILHELM, THOMAS  
Address: 2951 SW 14 STREET  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S ( ) Delete  
Name: WILHELM, THOMAS  
Address: 2951 SW 14 STREET  
City-St-Zip: FT LAUDERDALE, FL 33312

**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:

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 Chapter 119, 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: THOMAS WILHELM

Electronic Signature of Signing Officer or Director

PRES

04/02/2007

\_\_\_\_\_ Date