

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99677

FILED
Apr 25, 2009
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:

2951 SW 14 STREET
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

2951 SW 14 ST
FT LAUDERDALE, FL 33312

New Mailing Address:

2951 SW 14 STREET
FORT LAUDERDALE, FL 33312 US

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: COMPLOIER, 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: VP (X) Change () Addition
Name: COMPLOIER, JON CHRISTIAN
Address: 2230 NORTH 52 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

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 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

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date