

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000100330

**Entity Name:** BILL THOMPSON ENTERPRISES, INC.

**Current Principal Place of Business:**

4736 BLANDING BV  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

P.O. BOX 440367  
JACKSONVILLE, FL 32222-0004 US

**FEI Number:** 59-3609298

**Certificate of Status Desired:** No

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

THOMPSON, WILLIAM WILL  
4736 BLANDING BV  
JACKSONVILLE, FL 32210-7327 US

*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

**Officer/Director Detail :**

Title PD  
Name THOMPSON, WILLIAM WILL  
Address 4736 BLANDING BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title STD  
Name THOMPSON, PAMELA R  
Address 4736 BLANDING BLVD  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM W THOMPSON

**DIRECTOR**

**04/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date