

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90027 021 ***150.00

DOCUMENT # 176625

1. Entity Name

THOMEL INC



Principal Place of Business

1505 POPLAR DR.
ORMOND BCH. FL 32174-0413

Mailing Address

1505 POPLAR DR.
ORMOND BCH. FL 32174-0413

2. Principal Place of Business

3525 KILLGALLEN Court

3. Mailing Address

3525 KILLGALLEN Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach FL.

City & State

Ormond Beach FL.

Zip

32174-2830

Country

U.S.A.

Zip

32174-2830

Country

U.S.A.

4. FEI Number

59-6068142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, YVONNE M
1505 POPLAR DR.
ORMOND BCH. FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3525 KILLGALLEN Court

City

Ormond Beach

FL

Zip Code

32174-2830

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: *Yvonne M. Thompson* Yvonne M. Thompson SEC.-TREAS.

2/04/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE P ☐ Delete

NAME THOMPSON, DON L
STREET ADDRESS 1505 POPLAR DR.
CITY-ST-ZIP ORMOND BCH. FL

TITLE V ☐ Delete

NAME MELANCON, DEJEAN
STREET ADDRESS 817 PINNACLE DRIVE
CITY-ST-ZIP MARIETTA GA

TITLE ST ☐ Delete

NAME THOMPSON, YVONNE M
STREET ADDRESS 1505 POPLAR DR.
CITY-ST-ZIP ORMOND BCH. FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 3525 KILLGALLEN Court
CITY-ST-ZIP Ormond Beach, FL. 32174-2830

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 3525 Killgallen Court
CITY-ST-ZIP Ormond Beach, FL. 32174-2830

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Yvonne M. Thompson* Yvonne M. Thompson

2/4/04

386-673-7541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #