2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 268106

1. Entity Name
THOMPSON AND COMPANY OF TAMPA INC

Principal Place of Business	Mailing Address
5401 HANGAR COURT PO BOX 30303 TAMPA, FL 33634 US	5401 HANGAR COURT PO BOX 30303 TAMPA, FL 33634 US

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0999777

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANZBLAU,R M
1102 CULBREATH ISLES DRIVE
TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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.

000100003477
03/10/04-80039-025 150.00

SIGNATURE _____
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

150 00/100

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FRANZBLAU, CARLO
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	PD
NAME	FRANZBLAU, R M
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	TD
NAME	DORR, ALIX
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	V
NAME	LEOPOLD, GERALD
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	VD
NAME	FRANZBLAU, JO Z
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	V
NAME	HILL, FRANK
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL

DO NOT WRITE IN THIS SPACE

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: _____ (813)884-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #