

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 268106

1. Entity Name
THOMPSON AND COMPANY OF TAMPA INC



Principal Place of Business

**5401 HANGAR COURT
PO BOX 30303
TAMPA, FL 33634 US**

Mailing Address

**5401 HANGAR COURT
PO BOX 30303
TAMPA, FL 33634 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.

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, 2007 Fee will be \$550.00**

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

**U00000598240
01/24/07-80068-018 150.00**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07 (813) 884-6344
Date Daytime Phone #