

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 417963**

1. Entity Name

THURSTON REALTY, INC.

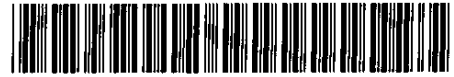


Principal Place of Business

526 PARK STREET  
P.O. BOX 1299  
SEBRING FL 33871-8299

Mailing Address

526 PARK STREET  
P.O. BOX 1299  
SEBRING FL 33871-8299



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1496876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

KOCH, LOUISE S.  
526 PARK ST.  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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 PD ☐ Delete  
NAME SCHUMACHER, C.R.  
STREET ADDRESS 1901 DESOTO PL.  
CITY-STATE-ZIP SEBRING FL

TITLE STD ☐ Delete  
NAME KOCH, LOUISE S.  
STREET ADDRESS 1908 DELEON PLACE  
CITY-STATE-ZIP SEBRING FL

TITLE ASD ☐ Delete  
NAME SCHUMACHER, CYNTHIA J  
STREET ADDRESS 1407 S PARK DR  
CITY-STATE-ZIP LEESBURG FL

TITLE ATD ☐ Delete  
NAME SCHUMACHER, WILLIAM W  
STREET ADDRESS 5819 JOHN ANDERSON HWY.  
CITY-STATE-ZIP FLAGLER BCH FL

TITLE VD ☐ Delete  
NAME VICKERS, BARBARA S  
STREET ADDRESS 1228 STENAWAHEE AVE.  
CITY-STATE-ZIP SEBRING FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000705299  
CITY-STATE-ZIP 04/23/07-80046-013 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

Date

Daytime Phone #

4/4/07 863 385-5149