

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 417963

FILED
Apr 22, 2009
Secretary of State

Entity Name: THURSTON REALTY, INC.

Current Principal Place of Business:

526 PARK STREET
P.O. BOX 1299
SEBRING, FL 338718299

New Principal Place of Business:

526 PARK STREET
SEBRING, FL 338718299

Current Mailing Address:

526 PARK STREET
P.O. BOX 1299
SEBRING, FL 338718299

New Mailing Address:

FEI Number: 59-1496876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUMACHER, C.R.
Address: 1901 DESOTO PL.
City-St-Zip: SEBRING, FL

Title: STD () Delete
Name: KOCH, LOUISE S
Address: 4917 MAGNOLIA PL
City-St-Zip: SEBRING, FL 33872

Title: ASD () Delete
Name: SCHUMACHER, CYNTHIA J
Address: 1407 S PARK DR
City-St-Zip: LEESBURG, FL

Title: ATD () Delete
Name: SCHUMACHER, WILLIAM W
Address: 5819 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BCH, FL

Title: VD () Delete
Name: VICKERS, BARBARA S
Address: 1228 STENEWAHEE AVE.
City-St-Zip: SEBRING, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHUMACHER, C.R.
Address: 1901 DESOTO PL.
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASD (X) Change () Addition
Name: SCHUMACHER, CYNTHIA J
Address: 5001 MAGNOLIA PLACE
City-St-Zip: SEBRING, FL 33872

Title: ATD (X) Change () Addition
Name: SCHUMACHER, WILLIAM W
Address: 5819 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BCH, FL 32136

Title: VD (X) Change () Addition
Name: VICKERS, BARBARA S
Address: 1228 STENEWAHEE AVE.
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUISE S. KOCH

STD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date