2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
04-28-2008 90371 020 ***150.00

DOCUMENT # 441477

1. Entity Name
THOROUGHSTOCK, INC.

Principal Place of Business	Mailing Address
12650 NW 83RD LANE OCALA, FL 34482	12650 NW 83RD LANE OCALA, FL 34478

66012313

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1497542
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARY J. MESNICK
12650 NW 83RD LANE
OCALA, FL 34482

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MESNICK, GARY J.
STREET ADDRESS	12650 NW 83RD LANE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	~~D~~
NAME	~~C EDITH MESNICK~~
STREET ADDRESS	~~85 GREENWAY TERR~~
CITY-ST-ZIP	~~PRINCETON, NJ 08540~~
TITLE	D
NAME	MESNICK, CASSANDRA L
STREET ADDRESS	12650 NW 83RD LANE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	~~MESNICK, LESLIE~~
NAME	~~GALLERY~~
STREET ADDRESS	
CITY-ST-ZIP	DIRECTOR
TITLE	DILWORTH, LESLIE GALLERY
NAME	61 CAMINO SAN CRISTUBAL
STREET ADDRESS	GALISTEO, N.M. 87540
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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: Gary J. Mesnick GARY J. MESNICK 4/25/08 352-629-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #