

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499313

FILED
Jan 16, 2008
Secretary of State

Entity Name: SCRAPPY THOMAS, INC.

Current Principal Place of Business:

P.O. BOX 675
MULBERRY, FL 338600675 US

New Principal Place of Business:

1155 PEBBLEDALE RD
MULBERRY, FL 33860 US

Current Mailing Address:

P.O. BOX 675
MULBERRY, FL 338600675 US

New Mailing Address:

FEI Number: 59-1664402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, RONALD J
6702 BROKEN ARROW TRL S
LAKELAND, FL 33813 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: LEWIS, RONALD J
Address: 6702 BROKEN ARROW TRL, S
City-St-Zip: LAKELAND, FL 33813

Title: VD () Delete
Name: LEWIS, BRIAN T
Address: 6636 BROKEN ARROW TRAIL SO.
City-St-Zip: LAKELAND, FL 33813

Title: STD () Delete
Name: LEWIS, CAROLYN J
Address: 6702 BROKEN ARROW TRL, S
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: LEWIS, CAROLYN
Address: 6702 BROKEN ARROW TRL, S
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BRIAN T LEWIS

VD

01/16/2008

Electronic Signature of Signing Officer or Director

Date