

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90256 044 ***150.00

DOCUMENT # 524147

1. Entity Name
THERM-O-TYPE CORPORATION



Principal Place of Business

**509 CHURCH ST.
P O BOX 998 (342740998)
NOKOMIS, FL 34275**

Mailing Address

**509 CHURCH ST.
P O BOX 998 (342740998)
NOKOMIS, FL 34275**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1815174

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN PELT, E E, SR
2506 NORTHWAY DR VENICE 33595 BX 998
NOKOMIS, FL 33555**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	VAN PELT, CHRISTOPHER K
STREET ADDRESS	405 MURILLO DR.
CITY-ST-ZIP	NOKOMIS, FL
TITLE	V
NAME	VAN PELT, MARTIN J
STREET ADDRESS	574 GARDEN RD
CITY-ST-ZIP	VENICE, FL
TITLE	PD
NAME	VAN PELT, E E SR
STREET ADDRESS	2506 NORTHWAY DR.
CITY-ST-ZIP	VENICE, FL
TITLE	VP
NAME	VAN PELT, E E JR
STREET ADDRESS	4017 BLACKTAIL ROAD
CITY-ST-ZIP	COCOLALLA, ID
TITLE	T
NAME	COOK, NANETTE VP
STREET ADDRESS	491 CONRAD
CITY-ST-ZIP	VENICE, FL
TITLE	VDS
NAME	VAN PELT, JOYCE
STREET ADDRESS	2506 NORTHWAY DR
CITY-ST-ZIP	VENICE, FL

**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: E. E. Van Pelt, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06 941-488-0123
Date Daytime Phone #