


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 032 \*\*\*150.00

DOCUMENT # 524147 1. Entity Name THERM-O-TYPE CORPORATION	
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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
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01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1815174	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  VAN PELT, E E, SR 2506 NORTHWAY DR VENICE 33595 BX 998 NOKOMIS, FL 33555
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN PELT, CHRISTOPHER K 405 MURILLO DR. NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN PELT, MARTIN J 574 GARDEN RD VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN PELT, E E SR 2506 NORTHWAY DR. VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN PELT, E E JR 4017 BLACKTAIL ROAD COCOLALLA, ID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, NANETTE VP 491 CONRAD VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS VAN PELT, JOYCE 2506 NORTHWAY DR 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. E.E. Van Pelt, Sr. 1-24-07 941-488-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #