

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-25-2008 90033 034 ***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
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01112008 No Chg-P CR2E034 (11/05)

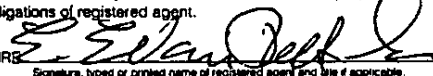
4. FEI Number 59-1815174	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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:  **E.E. Van Pelt, Sr.** 1/17/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

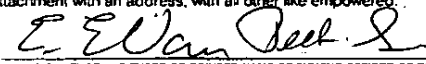
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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:  **3/3/08** **941-488-0123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #