2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
01-25-2008 90033 034 ***150.00

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1. Entity Name
THERM-O-TYPE CORPORATION

Principal Place of Business	Mailing Address
509 CHURCH ST. P O BOX 998 (342740998) NOKOMIS, FL 34275	509 CHURCH ST. P O BOX 998 (342740998) NOKOMIS, FL 34275

66002382

01112008 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

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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. E.E. Van Pelt, Sr. 1/17/08
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, 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	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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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. 3/3/08 941-488-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #