2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) ...

SIGNATURE:

DOCUMENT # 524977 1. Entity Name THOMAS H. INMAN, INC.								Jan 28, 2004 (Secretary o			
Principal Plac 9704 NE 2 A MIAMI SHOR	AVE	9704	Mailing Address 9704 NE 2 AVE MIAMI SHORES FL 33138						11 241 BIB 11		
2. Principal Place of Business			3. Maili	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt #, etc				MOORE CR2	E034 (11/0)	3)	-
City & State			City i	City & State			4. F	59-1719504			ilied For Applicable
Zip	Country					Country		Certificate of Status Desired	Fee He		ionaf
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Curren	Registere	d Agent		Name	7. N	lame and Address of New Regist	ered Agent		
266	IAN, THO 0 PALME STON FL	R PLACE				Street Address	(P.O. Bo	ox Number is Not Acceptable)			
						City			FL Zip	Code	
	named entit	,	or the purpo	ose of changing its	s register	ed office or registe	red age	ent, or both, in the State of Flonda.	l am familiar	with, a	nd accept
SIGNATURE.	Seenships hand	or printed name of registored ager) and bile diagra	icania /NOT	E Banster	ed Agent signature require	od wnan ra		DATE		
		·····		readin (NO)	ic deligione	ed Milder anderstate reduse	st when re-	defend?	ONE		
Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department (Election Campaign Financial Trust Fund Contribution. 		\$5.00 Added) May Be to Fees
10.		OFFICERS AND	DIRECTO	RS	11.		IGA	DITIONS/CHANGES TO OFFICER	S AND DIREC	TORS	IN 11
TITLE	PD			☐ Delete	TITL	E		1.5.	☐ Chi	ange	Addition
NAME STREET ADDRESS	INMAN, THOMAS H. NA 2660 PALMER PLACE STR					NE EET ADDRESS		00000001870 01798704-00145	6 _noo 161	។ ភព	
CITY - ST - ZIP	WESTON				(-ST-ZIP	01/28/04-80145-022 15 0.0 0					
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NAME	š .	OLORES A			NAM	 					
STREET ADDRESS CITY-ST-ZIP	WESTON	MER PLACE FL 33332		3 ****		FET ADORESS (-ST-ZIP					
FITLE	D			☐ Delete	πι	£			□ Ch	ange	☐ Addition
NAME	INMAN, C				NAN						
STREET ADDRESS CITY-ST-ZIP	\$	ENCAIRN ROAD KES FL 33016				EFT ADDRESS (-ST-ZIP					
ग्राह	MIAMI LA	NES PL 33016	•	☐ Delete	TITL					200e	☐ Addition
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STREET ADDRESS					1	EET ADDRESS					
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NAME STREET ADDRESS					MAM SIR	RET ADDRESS					
CSTY-ST-ZSP					- 8	Y-ST-ZIP					
12. I hereby indicated of the col	certify that the f on this report poration or t	e information supplied wi int or supplemental report he receiver or trustee em	th this filing is true and cowered to	does not qualify fo accurate and that execute this report	or the exe my signa t as requ	emption stated in S ature shall have the ared by Chapter 60	iection same l 07, Florid	19.07(3)(i), Florida Statutes. I furtt legal effect as if made under oath, da Statutes; and that my name app	ner certify that that I am an c cears in Block	the in afficer of	formation or director Block 11 if
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 fusiee 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:											

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED