2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 524977

1. Entity Name
THOMAS H. INMAN, INC.

Principal Place of Business	Mailing Address
9704 NE 2 AVE MIAMI SHORES, FL 33138	9704 NE 2 AVE MIAMI SHORES, FL 33138

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1719504
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INMAN, THOMAS
2660 PALMER PLACE
WESTON, FL 33332

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $600.00

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

U00000345285
04/30/05-80024-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INMAN, THOMAS H.
STREET ADDRESS	2660 PALMER PLACE
CITY-ST-ZIP	WESTON, FL 33332
TITLE	SV
NAME	INMAN, DOLORES A
STREET ADDRESS	2660 PALMER PLACE
CITY-ST-ZIP	WESTON, FL 33332
TITLE	D
NAME	INMAN, CATHIE M.
STREET ADDRESS	14340 GLENCAIRN ROAD
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/27/05 305 754 7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #