

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90054 022 ***150.00

DOCUMENT # 524977

1. Entity Name

THOMAS H. INMAN, INC.



Principal Place of Business

9704 NE 2 AVE
MIAMI SHORES FL 33138

Mailing Address

9704 NE 2 AVE
MIAMI SHORES FL 33138

90012200



2. Principal Place of Business - No P.O. Box #

9999 NE 2d Ave

3. Mailing Address

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

City & State

Miami Shores FL

City & State

Zip

33138

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME INMAN, THOMAS H.
STREET ADDRESS 2660 PALMER PLACE
CITY- ST- ZIP WESTON FL 33332

TITLE SV ☐ Delete
NAME INMAN, DOLORES A
STREET ADDRESS 2660 PALMER PLACE
CITY- ST- ZIP WESTON FL 33332

TITLE D ☐ Delete
NAME INMAN, CATHIE M.
STREET ADDRESS 14340 GLENCAIRN ROAD
CITY- ST- ZIP MIAMI LAKES FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 305 754 7056
Date Daytime Phone