

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556084

FILED  
Feb 03, 2010  
Secretary of State

Entity Name: THOMAS AUTO MART INC.

**Current Principal Place of Business:**

13815 21ST STREET  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

13815 21ST STREET  
DADE CITY, FL 33525 US

**New Mailing Address:**

FEI Number: 03-0567078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, CLAUDE E  
38827 PALM STREET  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

THOMAS, CLAUDE E  
36827 PALM STREET  
DADE CITY, FL 33525 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/03/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: THOMAS, CLAUDE E  
Address: 36827 PALM STREET  
City-St-Zip: DADE CITY, FL 33525

Title: DMVP  
Name: BODI, SHANNON K  
Address: 11109 FORT KING ROAD  
City-St-Zip: DADE CITY, FL 33525

Title: DST  
Name: THOMAS, LAURIE K  
Address: 36827 PALM STREET  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDE E THOMAS

Electronic Signature of Signing Officer or Director

DP

02/03/2010

Date