

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90048 021 \*\*\*150.00

**DOCUMENT # 571186**

1. Entity Name

W.D. THOMPSON, INC.



Principal Place of Business

1629 E. 9TH ST.  
FORT LAUDERDALE FL 33316

Mailing Address

1629 E. 9TH ST.  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

839 NW, 7th Ave

3. Mailing Address

PO Box 1797

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip 33311

Country

Zip 33302

Country

4. FEI Number

59-1819074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM D.  
1629 SE 9TH ST.  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name TIMOTHY J. GREENER

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

4253 LIVE OAK BWD

City DELRAY BEACH

FL

Zip Code 33445

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

TIMOTHY GREENER PRESIDENT. 2/6/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PSD  
NAME THOMPSON, WILLIAM D ☒ Delete  
STREET ADDRESS 1629 SE 9TH ST  
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE D  
NAME THOMPSON, TERESSA ☒ Delete  
STREET ADDRESS 1629 SE 9TH ST  
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT  
NAME TIMOTHY GREENER ☐ Change ☒ Addition  
STREET ADDRESS 4253 LIVE OAK BWD  
CITY-ST-ZIP DELRAY BEACH, FL, 33445

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

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

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

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

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #

TIMOTHY GREENER 2/6/04 561-252-0102