

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**



**DOCUMENT # 585354**  
 1. Entity Name  
**ROGER G. THOMAS GENERAL CONTRACTOR, INC.**



Principal Place of Business: **9294 SE COVE POINT ST TEQUESTA, FL 33469 US**  
 Mailing Address: **9294 SE COVE POINT ST TEQUESTA, FL 33469 US**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **59-1852520** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**THOMAS, ROGER G PRES**  
**9294 SE COVE POINT ST**  
**TEQUESTA, FL 33469**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, ROGER G 9294 SE COVE POINT STREET TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, JANICE R 9294 SE COVE POINT STREET TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, CHRISTIAN J 5592 SE REEF WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/14/06-80011-016 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *R. G. Thomas* **ROGER G. THOMAS** 1/31/06 561-745 8307  
 \_\_\_\_\_ Date Daytime Phone #