2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 585354

1. Entity Name

ROGER G. THOMAS GENERAL CONTRACTOR, INC.



FILED Apr 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

9294 SE COVE POINT ST TEQUESTA, FL 33469 U 9294 SE COVE POINT ST TEQUESTA, FL 33469 US



03062008

No Chg-P

CR2E034 (11/05)

4. FE! 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

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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					
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent argumeter required when renastating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P THOMAS, ROGER G 9294 SE COVE POINT STREET TEQUESTA, FL 33469				000000905975 05/02/08-80003-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, JANICE R 9294 SE COVE POINT STREET TEQUESTA, FL 33469				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	V THOMAS, CHRISTIAN J 5592 SE REEF WAY STUART, FL 34997		í.	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 receives 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:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-15-08

<u> 561-745-83</u>07