

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602478

FILED
Mar 17, 2009
Secretary of State

Entity Name: EWING AND THOMAS, INC.

Current Principal Place of Business:

5311 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5311 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1315226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, DELORES LYNNE
5311 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, DELORES L
Address: 1115 PENNSYLVANIA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: THOMAS, DELORES L
Address: 1115 PENNSYLVANIA AVE.
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: ATWELL, JEANNE
Address: 320 NORTH WALTON BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: ATWELL, JEANNE
Address: 320 NORTH WALTON BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DELORES L. THOMAS

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date