2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90039 028 ***150.00

DOCUMENT # 614739

1. Entity Name
GEORGE THOMAS CONSULTING, INC.

Principal Place of Business	Mailing Address
~~1135 BAL HARBOR #105~~ 1133 BAL HARBOR BLVD #1139 PMB105 PUNTA GORDA, FL 33950 PUNTA GORDA FL 33950	~~1135 BAL HARBOR #105~~ SAME PUNTA GORDA, FL 33950 US

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1133 BAL HARBOR BLVD	1133 BAL HARBOR BLVD
Suite, Apt. #, etc.: Ste 1139 PMB #105	Suite, Apt. #, etc.: Ste 1139 PMB #105
City & State: PUNTA GORDA FL	City & State: PUNTA GORDA, FL
Zip: 33950 Country: USA	Zip: 33950 Country: USA

4. FEI Number 59-1938803 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, GEORGE W.
~~12840 LAUREL VALLEY LANE~~ 12722 SE Royal Troon Ct
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, GEORGE ~~12840 S E LAUREL VALLEY~~ 12722 SE. ROYAL TROON CT HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Gail Doster for George W Thomas 1/11/05 941-575-1908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #