

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 618036

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: THERMA BUILDERS, INC.

**Current Principal Place of Business:**

5250 STATE ROAD 54  
NEW PORT RICHEY, FL 346526049

**New Principal Place of Business:**

**Current Mailing Address:**

5250 STATE ROAD 54  
NEW PORT RICHEY, FL 346526049

**New Mailing Address:**

FEI Number: 59-1906585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORRENCE, ALFRED W JR  
6645 RIDGE ROAD, SUITE ONE  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

TORRENCE, ALFRED W JR  
6645 RIDGE ROAD  
PORT RICHEY, FL 34668 US

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: ALFRED W TORRENCE JR

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DRUNASKY, THOMAS D  
Address: 6042 DELAWARE AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD ( ) Delete  
Name: MOUNTAIN, CRAIG S  
Address: 5031 ENSIGN LOOP  
City-St-Zip: NEW PT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: THOMAS D DRUNASKY

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date