

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 625984

1. Entity Name

THOMPSON BROS. POOL FINISHERS, INC.



Principal Place of Business

43355 CLAY GULLY RD
MYAKA CITY, FL 34251

Mailing Address

P.O. BOX 487
MYAKA CITY, FL 34251

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08132008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1915964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, SAMUEL R
43355 CLAY GULLY RD
MYAKA CITY, FL 34251

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000952247

DATE

09/03/08-80007-014 550.00

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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
STD
THOMPSON, SAMUEL R
43355 CLAY GULLY RD
MYAKA CITY, FL 34251

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aug 15 08 941 322 8873