# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 28, 2009**
**Secretary of State**

DOCUMENT# 625984

**Entity Name:** THOMPSON BROS. POOL FINISHERS, INC.

**Current Principal Place of Business:**

43355 CLAY GULLY RD
MYAKA CITY, FL 34251

**New Principal Place of Business:**

43355 CLAY GULLY RD
MYAKKA CITY, FL 34251

**Current Mailing Address:**

P.O. BOX 487
MYAKA CITY, FL 34251

**New Mailing Address:**

P.O. BOX 487
MYAKKA CITY, FL 34251

**FEI Number: 59-1915964** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete
Name: THOMPSON, SAMUEL R
Address: 43355 CLAY GULLY RD
City-St-Zip: MYAKA CITY, FL 34251

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

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: SAMUEL R. THOMPSON STD 07/28/2009
Electronic Signature of Signing Officer or Director Date