

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 626554

1. Entity Name
THURMAN'S OF FORT PIERCE, INC.



Principal Place of Business
**2775 NORTH U.S. #1
FORT PIERCE, FL 34946**

Mailing Address
**2775 NORTH U.S. #1
FORT PIERCE, FL 34946**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1916965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATERS, SAM H.
2775 N. U.S. #1
FORT PIERCE, FL 34946**

**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)

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

000000224755
02/11/05-80009-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	WATERS, SAM H.
STREET ADDRESS	2775 N. US #1
CITY - ST - ZIP	FORT PIERCE, FL
TITLE	S
NAME	WATERS, YVONNE
STREET ADDRESS	2775 N. US 1
CITY - ST - ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Yvonne Waters **Yvonne Waters**

2-8-05

Date

772-464-4077

Daytime Phone #