

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90149 021 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 626679	
1. Entity Name THOMAS GRAPHICS, INC.	

Principal Place of Business 4500 28TH ST NORTH ST. PETERSBURG, FL 33714 US	Mailing Address 4500 28TH ST NORTH ST. PETERSBURG, FL 33714 US
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1919317	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, DAVID 1148 MUROK WAY S. ST. PETERSBURG, FL 33705

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$560.00**

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	DS. THOMAS, CHARLES E. 10-00-0000 CT. W. HOMOSASSA FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, DAVID 1148 MUROK WAY SOUTH SAINT PETERSBURG, FL 33705
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**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)(f), 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: _____ **4/29/05** **727-527-1616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #