2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627036

Entity Name: JAMES A. THOMAS, INC.

FILED Feb 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 402 JENNIE JEWEL DR. ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 402 JENNIE JEWEL DR. ORLANDO, FL 32806 FEI Number: 59-1929132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, JAMES A THOMAS, JAMES A 402 JENNIE JEWEL DRIVE 402 JENNIE JEWEL DR. ORLANDO, FL 32806 ORLANDO, FL 32806 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: JAMES A. THOMAS 02/01/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition THOMAS, JAMES A, Name: Name: THOMAS, JAMES A, 402 JENNIE JEWEL DR 402 JENNIE JEWEL DR Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32806 Title: Title: PTS () Change (X) Addition () Delete Name: Name: THOMAS, JAMES A. 402 JENNIE JEWEL DR Address: Address: ORLANDO, FL 32806 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete PTS THOMAS, JAMES A, Name: Name: 402 JENNIE JEWEL DR Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32806 Title: () Delete Title: PTS () Change (X) Addition THOMAS, JAMES A, Name: Name: Address: Address: 402 JENNIE JEWEL DR City-St-Zip: City-St-Zip: ORLANDO, FL 32806 Title: Title: () Change (X) Addition () Delete Name: Name: THOMAS, JAMES A, Address: Address: 402 JENNIE JEWEL DR City-St-Zip: City-St-Zip: ORLANDO, FL 32806 Title: () Delete Title: () Change (X) Addition Name: Name: THOMAS, JAMES A, 402 JENNIE JEWEL DR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32806

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: JAMES A. THOMAS PTS 02/01/2009