2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # 642287 1. Entity Name					Feb 02, 2004 08:00 AM Secretary of State	
J.H. THO	MPSON PROPERTIES, INC.					
Principal Place of Business Mailing Address						
712 N INDIANA AVENUE ENGLEWOOD FL 34223 US		712 N INDIANA AVENUE ENGLEWOOD FL 34223 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 59-1978473 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
THOMPSON IMMES II			Name			
712	OMPSON, JAMES H N INDIANA AVE GLEWOOD FL 34223		Street A	Street Address (P.O. Box Number is Not Acceptable)		
EIVIC	3LEVVOOD FL 34223					
			City		FL Zip Code	
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 agont	and title if applicable. (NOTE.	Registered Agent signati	ие гедилеа	d when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	☐ Defete	TITLE	T	□ Oberes □ 2230ce	
NAME	BREWER P.A., GLEN C		NAME		U00000023203	
STREET ADDRESS CRTY+ST-78P	13514 BENETT DR. PORT CHARLOTTE FL 33981		STREET ADDRESS CITY-ST-ZIP		007 0 17 0 1 0000 1 000 1 001 00	
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NAME	THOMPSON, JAMES H		NAME			
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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 suppliemental 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: James James James H. Thompson 1-26-04 94/1-474-7447