


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 642287
 1. Entity Name
 J.H. THOMPSON PROPERTIES, INC.



Principal Place of Business: 712 N INDIANA AVENUE, ENGLEWOOD, FL 34223 US
 Mailing Address: 712 N INDIANA AVENUE, ENGLEWOOD, FL 34223 US



02062005 No Chg-P CR2E034 (10/03)

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4. FEI Number: 59-1978473
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMPSON, JAMES H
 712 N INDIANA AVE
 ENGLEWOOD, FL 34223

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

100000237500
 02/21/05-80060-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BREWER P.A., GLEN C
STREET ADDRESS	13514 BENETT DR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	PST
NAME	THOMPSON, JAMES H
STREET ADDRESS	712 N INDIANA AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: James H Thompson JAMES H THOMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2-18-05 Daytime Phone #: 941-474-7447