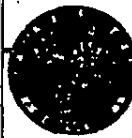


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 642287**

**1. Entity Name**  
**J.H. THOMPSON PROPERTIES, INC.**



**Principal Place of Business**  
**375 PINE ST.**  
**ENGLEWOOD, FL 34223 US**

**Mailing Address**  
**375 PINE ST**  
**ENGLEWOOD, FL 34223 US**



03222008 No Clg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-1978473	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$0.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**THOMPSON, JAMES H**  
**375 PINE ST.**  
**ENGLEWOOD, FL 34223**

**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 of person named as registered agent or, if not applicable,

(NOTE: Registered Agent's name must be included)

DATE

**FILE NUMBER FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$225.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution**  **\$5.00 May be Added to Fees**

U00000918690  
 05/13/08-80092-012 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSTV</b>
<b>NAME</b>	<b>THOMPSON, JAMES H</b>
<b>STREET ADDRESS</b>	<b>375 PINE ST</b>
<b>CITY-ST-ZIP</b>	<b>ENGLEWOOD, FL 34223</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1108, 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 necessary or business 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 empowerment.**

**SIGNATURE:**

*Jamie H Thompson*

4-22-08

941-474-7447

Date

Signature Power