## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

**DOCUMENT #665334** 

1. Entity Name THERMOCARBON, INC.



**FILED** Jan 15, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

**391 MELODY LANE** CASSELBERRY, FL 32707 P.O. BOX 181220

CASSELBERRY, FL 32718-1220



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01072008 CR2E034 (11/05) No Chg-P

4. FEI Number 59-2027522 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ROUCHER JOHN N

16539 E SHIRLEY SHORES RD TAVARES, FL 32778			IN THIS SPACE			
the obliga	tions of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				d Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000785306 01/16/08-80091-005 158.7S	
10. ITTLE NAME STHEET ADDRESS CITY-ST-ZIP	DP BOUCHER, JOHN N 16539 E. SHIRLEY SHORES RD. TAVARES, FL 32778	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAJUNE, DAVID E 6800 W. STATE RD 46 SANFORD, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WRITE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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.

Thermocarboan Inc. by John N. Boucher, President

SIG	N	ΔΤΙ	IRF

KALE STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

01/08/08

407 834 7800

Daytime Phone #