


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 689181
 1. Entity Name
THOMAS MOTOR CARS, INC.



Principal Place of Business
23617 BLUE STAR HWY
QUINCY, FL 32351

Mailing Address
PO BOX 350
QUINCY, FL 32353-350 US

DO NOT WRITE IN THIS SPACE



06282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2041638

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARDNER, CHARLES
1300 THOMASWOODS DR
TALLAHASSEE, FL 32312

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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 \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, BRUCE H 412 N. JACKSON ST. QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDLER, E W 1041 HICKORY LANE HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUBER, JR. W 403 HIGHLAND AVE QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/01/04-80002-018 550.00

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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: *William B Suber Jr* **WILLIAM B SUBER JR** **6/28/04** (850) 875-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #