## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 857324** 

FILED Mar 05, 2004 Secretary of State

DOCOM	1324		Secretary of State			
Entity Nan	ne: THOR,	INCORPORATED OF ROANOKE				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ITATION RD i, VA 24012	US				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 1 ROANOKE	13127 5, VA 240313	3127				
FEI Number:	54-0789386	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324						
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.						
SIGNATUR	RE:					
	Electro	onic Signature of Registered Agen	t		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WHITTLE, JO	OOD DR, SW	Title: Name: Address: City-St-Zip:		(X) Change()Addition JOHN P., KWOOD DR, SW , VA 24014	
Title: Name: Address: City-St-Zip:	PD ( BRADSHAW, 209 PARK CF ROANOKE, V	REST RD	Title: Name: Address: City-St-Zip:	209 PARK	(X) Change()Addition N, JAMES B., CREST RD , VA 24014	
Title: Name: Address: City-St-Zip:	STD ( BRICKEY, IR HC34 BOX 32 NEW CASTLI	25	Title: Name: Address: City-St-Zip:	STD BRICKEY, HC 34 BOX NEW CAST		
Title:	D (	) Delete	Title:	D	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

WHITTLE, SANDRA B.,

ROANOKE, VA 24014

3743 PEAKWOOD DR, SW

() Change () Addition

SIGNATURE: IRIS A. BRICKEY ST 03/05/2004

WHITTLE, SANDRA B.,

GREER, JOSEPH E

CALLAWAY, VA 24067

247 FIVE MILE MT

ROANOKE, VA

3743 PEAKWOOD DR, SW

( ) Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: