

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F00000002866                                        |  |
| 1. Entity Name<br>THOMPSON COMPANY, INC. A GEORGIA CORPORATION |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>3399 PEACHTREE RD STE 1210<br>ATLANTA, GA 30326 | Mailing Address<br>3399 PEACHTREE RD STE 1210<br>ATLANTA, GA 30326 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



01192004 No Chg-P CR2E034 (10/03)

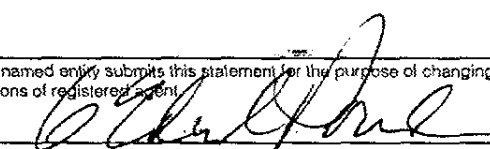
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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>58-1317589 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>POND, G. EDWARD<br>6220 S. ORANGE BLOSSOM TRAIL, STE #195<br>ORLANDO, FL 32809 |
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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 |

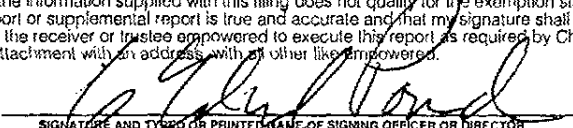
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|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                               |
|--------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>POND, G. EDWARD<br>2860 LAUREL GREEN CT.<br>ROSWELL, GA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | CD<br>THOMPSON, WILLIAM L<br>25 MT. PARON ROAD<br>ATLANTA, GA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 an other like empowered. |  |
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|------------------------------------------------------------------------------------------------|---------------|-----------------------|
| SIGNATURE:  | Date: 4/13/04 | Phone: (404) 266-1400 |
|------------------------------------------------------------------------------------------------|---------------|-----------------------|

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Edward Pond