

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000001759

1. Entity Name
THOMASPARTNERS, INC.



Principal Place of Business
75 CENTRAL ST
WELLESLEY, MA 02482

Mailing Address
75 CENTRAL ST
WELLESLEY, MA 02482

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2489016

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, ROGER S
12476 WATER OAK DR
ESTERO, FL 33928

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	THOMAS, GREGORY N
STREET ADDRESS	150 CENTRE ST
CITY-ST-ZIP	DOVER, MA 02030
TITLE	VPD
NAME	MCMAHON, WILLIAM P
STREET ADDRESS	3 STONY BROOK RD
CITY-ST-ZIP	HUDSON, MA 01749
TITLE	TD
NAME	MUELLER, GERALD R
STREET ADDRESS	20 DEERHAVEN RD
CITY-ST-ZIP	LINCOLN, MA 01773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000354568
07/14/08-80006-014 150.00

**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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

GERALD MUELLER 7/8/08

781.431.1430