

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000005154

1. Entity Name
THOR.LO, INC.



Principal Place of Business
2210 NEWTON DRIVE
STATESVILLE, NC 28677

Mailing Address
2210 NEWTON DRIVE
STATESVILLE, NC 28677

DO NOT WRITE IN THIS SPACE



07252008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-0574862

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301

**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

000000959087
09/05/08-80001-017 150.00

**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 NAME STREET ADDRESS CITY-ST-ZIP	CT THRONEBURG, JAMES L 2210 NEWTON DRIVE STATESVILLE, NC 28677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO OLIVER, D. RICHARD JR 2210 NEWTON DRIVE STATESVILLE, NC 28677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO OLIVER, D. RICHARD JR 2210 NEWTON DRIVE STATESVILLE, NC 28677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS OLIVER, D. RICHARD JR 2210 NEWTON DRIVE STATESVILLE, NC 28677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO OLIVER, RICHARD 2210 NEWTON DRIVE STATESVILLE, NC 28677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLIVER, RICHARD 2210 NEWTON DRIVE STATESVILLE, NC 28677

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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

8/15/08

Date

704-839-6306

Daytime Phone #