2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F06000007861

1. Entity Name

D. THORNTON SALES, INC.

Principal Place of Business	Mailing Address
2708 OLD BRANDON RD. PEARL, MS 39208	2708 OLD BRANDON RD. PEARL, MS 39208

DO NOT WRITE IN THIS SPACE

FILED
Jul 15, 2008 08:00 AM
Secretary of State

07072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
36-4223902	Not Applicable

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

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6. Name and Address of Current Registered Agent

THORNTON, DION SR.
1735 STANFORD LANE
SARASOTA, FL 34231

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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 _____

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.

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10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	THORNTON, DION SR.
STREET ADDRESS	1735 STANFORD LANE
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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07/15/08-80002-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter ___ 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 ___ 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 St ___ nd 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: _____   7/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #