

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002084

Entity Name: THUNDERBOLT MARINE, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

3124 RIVER DRIVE  
THUNDERBOLT, GA 31404

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5628  
SAVANNAH, GA 31414

## New Mailing Address:

FEI Number: 58-1440104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HONEY, W.E.  
Address: 1353 FARMER RD.  
City-St-Zip: CONYERS, GA 30012

Title: D ( ) Delete  
Name: DAVIS, A. KIMBROUGH  
Address: STE. 2860, 1100 PEACHTREE ST.  
City-St-Zip: ATLANTA, GA 30309

Title: DTS ( ) Delete  
Name: ELDER, TIMOTHY B.  
Address: 1353 FARMER RD  
City-St-Zip: CONYERS, GA 30012

Title: P ( ) Delete  
Name: HEIL, RALPH JR.  
Address: P.O. BOX 5628  
City-St-Zip: SAVANNAH, GA 31414

Title: VP ( ) Delete  
Name: BROOKS, T.L.  
Address: P.O. BOX 5628  
City-St-Zip: SAVANNAH, GA 31414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: TL BROOKS

VP

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date