


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F13358 1. Entity Name THOMSON BROCK CHERRY & COMPANY, P.A.	
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Principal Place of Business 3375-G CAPITAL CIRCLE, N.E. C/O W. FREDERICK THOMSON TALLAHASSEE, FL 32308	Mailing Address 3375-G CAPITAL CIRCLE, N.E. C/O W. FREDERICK THOMSON TALLAHASSEE, FL 32308
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2048555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMSON, W. FREDERICK 3375-G CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMSON, W. FREDERICK 3375G CAPITAL CR., N.E. TALLAHASSEE, FLA 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROCK, HAROLD A., JR. 3375G CAPITAL CR., N.E. TALLAHASSEE, FLA 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHERRY, REDFORD A. 3375G CAPITAL CR., N.E. TALLAHASSEE, FLA 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUGER, FRED C 3375G CAPITAL CR NE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURNS, CAROLYN A 3375-G CAPITAL CIRCLE, N.E. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/04-80041-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Harold A. Brock, Jr.* **HAROLD A. BROCK, JR** 2/6/04 (850)365-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V. P. Date Daytime Phone #