


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # F13358	
1. Entity Name THOMSON BROCK CHERRY & COMPANY, P.A.	

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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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2048555	Applied For <input type="checkbox"/> 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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000637204 02/26/07-80050-021 150.00
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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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Harold A. Brock Jr.</i> HAROLD A. BROCK, JR	Date: 2/13/07	Daytime Phone #: 850-385-7444
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		