2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90338 030 ***150.00

DOCUMENT # F42382

1. Entity Name
RICHARD A. THORNAL, INC.

Principal Place of Business	Mailing Address
1838 NW TREASURE PT STUART FL 34994	1838 NW TREASURE PT STUART FL 34994

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
C/o KARL SACKS	C/ KARL SACKS
Suite, Apt. #, etc.: 3675 SW 24 Street	Suite, Apt. #, etc.: 3675 SW 24 Street
City & State: MIAMI FL.	City & State: MIAMA, FL
Zip: 33145 Country: USA	Zip: 33145 Country:

4. FEI Number 59-2122594 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMONT, ROBERT S 3050 BISCAYNE BLVD #610 MIAMI FL 33137	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST THORNAL, RICHARD A 1838 NW TREASURE PT STUART FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORNAL, RICHARD A 1838 NW TREASURE PT STUART FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Judie H. Thornal Judie H. Thornal April 5, 2004 772 692-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #