2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 8:00 am Secretary of State DOCUMENT #F43812 05-02-2008 90119 050 ***150.00 1. Entity Name THACKER & SMITHERMAN, P.A. Principal Place of Business Mailing Address 407 S EWING AVE 407 S. EWING AVE CLEARWATER, FL 33756 CLEARWATER, FL 33756 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2117792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THACKER, O STEPHEN 407 SOUTH EWING AVENUE DO NOT WRITE CLEARWATER, FL: X46X6X 33756 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. Signature, typed or painted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS PSD TITLE NAME THACKER, O STEPHEN STREET ADDRESS 407 S EWING AVE CITY-ST-ZIP CLEARWATER, FL 33756 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby 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 are 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

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