


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 041 ***150.00

DOCUMENT # F49533

1. Entity Name
THOMAS FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address

601 BAYSHORE BLVD. SUITE 900 601 BAYSHORE BLVD. SUITE 900
P. O. BOX 556 P. O. BOX 556
TAMPA, FL 33601 TAMPA, FL 33601



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

5500 W. Executive Dr *P.O. Box 21307*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 500

01152008 Chg-P CR2E034 (12/06)

City & State City & State

Tampa, FL *Tampa, FL*

Zip Country Zip Country

33609 *USA* *33622* *USA*

4. FEI Number Applied For

59-2129831 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THOMAS, GUY R
601 BAYSHORE BLVD, SUITE 900
TAMPA, FL 33606

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMAS, GUY R	
STREET ADDRESS	16404 AVILA BLVD	
CITY-ST-ZIP	TAMPA, FL 33613,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:  Date: *2/8/08* Daytime Phone # _____