2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AM DOCUMENT # F52752 **Secretary of State** 1. Entity Name WM. M. THOMPSON ASSOCIATES, INC. Principal Place of Business Mailing Address 2523 BAYSHORE RD 2523 BAYSHORE RD NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-2130473 Not Applicable Country Country Zio Zia \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON, WM M Street Address (P.O. Box Number is Not Acceptable) 2523 BAYSHORE RD NOKOMIS FL 34275 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Ad@iii. TITLE. TITLE ☐ Detete THOMPSON JR. WM M NAME STREET ADDRESS STREET ADDRESS 2523 BAYSHORE RD. CITY-SY-7(P NOKOMIS, FL 00000 CITY-ST-ZIP 02/07/06-80077-009⁻¹5000 Delete TOTALE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST ZIP ☐ Change 🔲 Additi Delete THILE TITLE MAME MALT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Add™ IITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Adding TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Δu∷ ☐ Change TITLE Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 1 if changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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