2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # F52752 Feb 02, 2007 08:00 AM **Secretary of State** WM. M. THOMPSON ASSOCIATES, INC. Principal Place of Business Mailing Address 2523 BAYSHORE RD NOKOMIS FL 34275 2523 BAYSHORE RD NOKOMIS FL 34275 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2130473 Not Applicable Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, WM M Street Address (P.O. Box Number is Not Acceptable) 2523 BAYSHORE RD NOKOMIS FL 34275 City 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. gnature, typed or printed name of registers registered agent and little it applicable. (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HIII. Delete ШЕ ☐ Change Addition THOMPSON JR, WM M NAME NAMI U000000617986 2523 BAYSHORE RD. STREET ADDRESS STREET ADDRESS 02/08/07-80012-007 150.00 NOKOMIS, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition HILE BILLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP Delete DIU. Change Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIE ☐ Delete DILLE Change Addition NAME NAMI STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY- SU-ZIP CITY-SI-7IP HUE Dolele TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS

12. I horeby 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 logal effect as if made under eath; 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.

CHY-SI-ZIP

SIGNATURE: Wm Junymu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

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