

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 007 ***150.00

DOCUMENT # F67770

1. Entity Name
THOMAS PRINTING COMPANY



Principal Place of Business

% THOMAS ABRASS
2070 GENTRY STREET
CLEARWATER, FL 34625

Mailing Address

% THOMAS ABRASS
2070 GENTRY STREET
CLEARWATER, FL 34625

54040194



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2182881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRASS, THOMAS
786 RIVIERE ROAD
PALM HARBOR, FL 34683

**DO NOT WRITE
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 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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABRASS, THOMAS
STREET ADDRESS	786 RIVIERE ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	S
NAME	MARSH, SHARI
STREET ADDRESS	PO BOX 1405 2907 MOSSY TIMBER TRAIL
CITY-ST-ZIP	VALRICO, FL 33595-33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, as applicable, of this report or supplemental report.

SIGNATURE _____