

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F76158

Entity Name: T.H.C., INC.

FILED  
Jan 06, 2004  
Secretary of State

**Current Principal Place of Business:**

5594 MELALEUCA LANE  
P.O. BOX 5419  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5419  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 59-2226288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, JOAN MURRAY  
5594 MELALLEUCA LANE  
LAKE WORTH, FL 33463      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: BROWN, JOAN MURRAY,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL

Title: PST ( ) Delete  
Name: BROWN, JOAN MURRAY,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL

Title: V ( ) Delete  
Name: BROWN, RICHARD,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL

Title: V ( ) Delete  
Name: BROWN, RICHARD,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VST (X) Change ( ) Addition  
Name: BROWN, JOAN MURRAY,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: VST (X) Change ( ) Addition  
Name: BROWN, JOAN MURRAY,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: P (X) Change ( ) Addition  
Name: BROWN, RICHARD,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: P (X) Change ( ) Addition  
Name: BROWN, RICHARD,  
Address: 5594 MELALEUCA LANE  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN MURRAY BROWN

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01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date