

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90286 028 ***158.75

DOCUMENT # F76158 1. Entity Name T.H.C., INC.			
Principal Place of Business 5594 MELALEUCA LANE- LAKE WORTH, FL 33466-5419		Mailing Address PO BOX 5419 LAKE WORTH, FL 33466-5419	
2. Principal Place of Business <i>109 Westwood Ct</i> Suite, Apt #, etc. <i>atlantis</i> City & State <i>FL</i>		3. Mailing Address <i>109 Westwood Ct.</i> Suite, Apt #, etc. <i>atlantis</i> City & State <i>FL</i>	
Zip 33462	Country USA	Zip 33462	Country USA
4. FEI Number 59-2226288		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, JOAN M 5594 MELALEUCA LANE LAKE WORTH, FL 33462 <i>109 Westwood Ct. atlantis, FL 33462</i>		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: <i>Joan M. Brown</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VST	NAME BROWN, JOAN M	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 5594 MELALEUCA LANE	CITY-ST-ZIP LAKE WORTH, FL 33462	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VST PRESIDENT	NAME BROWN, RICHARD	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 5594 MELALEUCA LANE	CITY-ST-ZIP LAKE WORTH, FL 33462	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Joan M. Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>3/3/05</i> 561-642-0939 <small>Daytime Phone #</small>	