

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F81414

1. Entity Name
THOMAS BROS. FARMS, INC.



Principal Place of Business
9905 CLINTMORE RD
BOCA RATON, FL 33496-1016

Mailing Address
9905 CLINTMORE RD
BOCA RATON, FL 33496-1016

FILED
Jun 18, 2008 08:00 AM
Secretary of State



06102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2203889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, RICHARD L
9905 CLINT MOORE ROAD
BOCA RATON, FL 33496

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE T
NAME THOMAS, STEPHEN
STREET ADDRESS 9905 CLINTMORE RD
CITY-ST-ZIP BOCA RATON, FL

TITLE PD
NAME THOMAS, NORMAN
STREET ADDRESS 9905 CLINTMORE RD
CITY-ST-ZIP BOCA RATON, FL

TITLE SD
NAME THOMAS, JOHN JR
STREET ADDRESS 9905 CLINTMORE RD
CITY-ST-ZIP BOCA RATON, FL

TITLE V
NAME THOMAS, JEFFREY
STREET ADDRESS 9905 CLINTMORE RD
CITY-ST-ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953235
06/18/08-80002-023 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen Thomas 5/1/08 561-482-1111