

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002182

1. Entity Name  
THAMES TRADING INC.



Principal Place of Business  
509 SOUTH PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

Mailing Address  
509 SOUTH PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084



05062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2946093  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SHAW, MICHAEL J  
ENGLISH LANDING MARINA  
509 SOUTH PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**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 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAPHAEL, GEORGE
STREET ADDRESS	GUNNS CAMP
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA,
TITLE	VD
NAME	HORNER, SARAH
STREET ADDRESS	GUNNS CAMP
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA,
TITLE	SD
NAME	MACKENZIE, JENNA
STREET ADDRESS	GUNNS CAMP
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA,
TITLE	T
NAME	SHAW, MICHAEL J.
STREET ADDRESS	509 S PONCE DE LEON BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900036275529  
05/13/04--01077--007 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

5/12  
12m

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6<sup>th</sup> May 2004