

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # G19777**

1. Entity Name  
**THOMPSON BROS. REALTY, INC.**



Principal Place of Business  
**1301 PLANTATION ISLAND DR., SUITE 206B  
SAINT AUGUSTINE, FL 32080 US**

Mailing Address  
**P.O. DRAWER 70  
PO BOX DRAWER 70  
ST. AUGUSTINE, FL 32085 US**



D1132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2251028**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THOMPSON, PIERRE D.  
206 PELICAN REEF DR  
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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	THOMPSON, PIERRE D.
STREET ADDRESS	206 PELICAN REEF DR
CITY - ST - ZIP	ST AUGUSTINE, FL 32080
TITLE	VSD
NAME	THOMPSON, DAVID D
STREET ADDRESS	317 S. FOREST DUNE DR
CITY - ST - ZIP	ST AUGUSTINE, FL 32080
TITLE	T
NAME	THOMPSON, PAUL J
STREET ADDRESS	P.O. BOX DRAWER 70
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32085
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/01/05-80019-013 150.00

**DO NOT WRITE  
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 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

**Pierre D. Thompson 2/24/05 (904)471-4800**

Date

Daytime Phone #