


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90010 032 \*\*\*150.00

<b>DOCUMENT # G23884</b>	
<b>1. Entity Name</b> THERMOFIN OF FLORIDA, INC.	

<b>Principal Place of Business</b> 4800 NW 15TH AVE FT. LAUDERDALE FL 33309	<b>Mailing Address</b> 4800 NW 15TH AVE FT. LAUDERDALE FL 33309
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-2252797	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  SCHWENKE, H.M. 2780 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33306	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> CCEO <b>NAME</b> SCHAEFER, CLINTON <b>STREET ADDRESS</b> 4800 N.W. 15TH AVE. <b>CITY-ST-ZIP</b> FT LAUDERDALE FL <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> PSD <b>NAME</b> SPERLING, JOANNE M. <b>STREET ADDRESS</b> 4250 GALT OCEAN DR. #11F <b>CITY-ST-ZIP</b> FT.LAUDERDALE FL <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPTD <b>NAME</b> SCHAEFER, DANA <b>STREET ADDRESS</b> 4800 NW 15TH AVE. <b>CITY-ST-ZIP</b> FT.LAUD FL <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Thermofin of Florida, Inc.*  
**DATE:** 4-19-04 **DAYTIME PHONE #:** 954-771-0662