


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G63519</b>	
1. Entity Name <b>JOHN W. AND BIRDIE STROM THOMPSON, INC.</b>	

Principal Place of Business <b>14953 MAIN ST GRETNA, FL 32332</b>	Mailing Address <b>14953 MAIN ST GRETNA, FL 32332</b>
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2331465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>THOMPSON, JOHN A 14953 MAIN ST GRETNA, FL 32332</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HINSON, SHERYL T 716 N. 9TH ST. QUINCY, FL 32351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S THOMPSON, GREGORY W 2509 HARRIMAN CIRCLE TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T THOMPSON, JOHN A 206 N. LOVE ST QUINCY, FL 32351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/19/04-80011-023 150.00

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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)(f), 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: *John A. Thompson* 1-6-04 850-856-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #