

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90002 030 \*\*\*150.00

**DOCUMENT # G63519**

**1. Entity Name**  
**JOHN W. AND BIRDIE STROM THOMPSON, INC.**



**Principal Place of Business**  
**716 N. 9TH STREET**  
**QUINCY, FL 32351**

**Mailing Address**  
**716 N. 9TH STREET**  
**QUINCY, FL 32351**

**40029869**



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042007 Chg-P CR2E034 (12/06)

City & State

City & State

**4. FEI Number**  
**59-2331465**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

**7. Name and Address of New Registered Agent**

**HINSON, SHERYL T**  
**716 N. 9TH STREET**  
**QUINCY, FL 32351**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **HINSON, SHERYL T**  
STREET ADDRESS **716 N. 9TH ST.**  
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **THOMPSON, GREGORY W**  
STREET ADDRESS **2509 HARRIMAN CIRCLE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☒ Change ☐ Addition  
NAME **Secretary Thompson, Gregory W.**  
STREET ADDRESS **516 River Plantation Rd.**  
CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE **T** ☐ Delete  
NAME **THOMPSON, JOHN A**  
STREET ADDRESS **206 N. LOVE ST**  
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE ☒ Change ☐ Addition  
NAME **Treasurer Thompson, John A.**  
STREET ADDRESS **6272 Blackfox Way**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** *Sheryl T. Hinson* **Sheryl T. Hinson** **3/5/07** **850-627-9076**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #