


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90236 026 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # G70858 1. Entity Name THERMAL TECH, INC. | | | |  | |
| Principal Place of Business 6828 HANGING MOSS RD ORLANDO, FL 32807 US | | | Mailing Address 6828 HANGING MOSS RD ORLANDO, FL 32807 US | | |
| 2. Principal Place of Business - No P.O. Box # 5141 Forsyth Commerce Rd Suite, Apt. #, etc. UNIT #1 | | | 3. Mailing Address SAME Suite, Apt. #, etc. | | |
| City & State Orlando, FL | | | City & State City: Zip: Country: | | |
| Zip 32807 Country | | | 4. FEI Number 59-2343185 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | 01032007 Chg-P CR2E034 (12/06) | | |
| 6. Name and Address of Current Registered Agent MORRISON, WH 7100 S HWY 17-92 FERN PARK, FL 32730 | | | | 7. Name and Address of New Registered Agent 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 <u>W. H. MORRISON</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD WILSON, HUGH 1066 BLACK ACRE TR WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILKINS, RICHARD 13001 PRESTWICK DR. RIVERVIEW, FL 33569 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KEITER, DERON 1123 PHEASANT CIR. WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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: <u>W. Hugh Wilson</u> <u>W. Hugh Wilson</u> 01/04/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |