


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90042 049 ***150.00

DOCUMENT # G88012	
1. Entity Name THOMAS FELTER, INC.	

Principal Place of Business 5 GALLBERRY COURT BUNNELL FL 32110 US	Mailing Address P O 296 BUNNELL FL 32110 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FELTER, JULIE BRYANT 5 GALLBERRY CT BUNNELL FL 32110			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTER, JULIE BRYANT	NAME	DU	NAME	DP	NAME	
STREET ADDRESS	5 GALLBERRY CT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTER, THOMAS A.	NAME		NAME		NAME	
STREET ADDRESS	5 GALLBERRY CT	STREET ADDRESS		STREET ADDRESS	1520 SE 80th ST.	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	CITY-ST-ZIP		CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	NAME		NAME		NAME	
STREET ADDRESS	5 GALLBERRY CT	STREET ADDRESS		STREET ADDRESS	3125 NE 11 ST.	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	CITY-ST-ZIP		CITY-ST-ZIP	OCALA, FL 34470	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Thomas Felter* 9/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date