

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM  
Secretary of State

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



04072008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELTER, JULIE BRYANT  
5 GALLBERRY CT  
BUNNELL, FL 32110

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000925670  
05/20/08-80035-017 150.00

10. OFFICERS AND DIRECTORS

TITLE DV  
NAME FELTER, JULIE BRYANT  
STREET ADDRESS 5 GALLBERRY CT  
CITY-ST-ZIP BUNNELL, FL 32110

TITLE DP  
NAME FELTER, THOMAS A.  
STREET ADDRESS 5 GALLBERRY CT  
CITY-ST-ZIP BUNNELL, FL 32110

TITLE D  
NAME KERLEY, LELA F  
STREET ADDRESS 1520 SE 8TH ST.  
CITY-ST-ZIP OCALA, FL 34471

TITLE D  
NAME FELTER, CEIL D  
STREET ADDRESS 3125 NE 11ST  
CITY-ST-ZIP OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*[Handwritten Signature]*

4/11/08

386-503-9947