

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # H27529 1. Entity Name THOMAS M. SHEATS AND ASSOCIATES, INC.	
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Principal Place of Business 14501 OLD SHERIDAN ST SOUTHWEST RANCHES, FL 33330 US	Mailing Address 14501 OLD SHERIDAN ST SOUTHWEST RANCHES, FL 33330 US
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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2476002	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEATS, THOMAS M. 14501 OLD SHERIDAN ST. SOUTHWEST RANCHES, FL 33330
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**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 _____ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP SHEATS, THOMAS M. 14501 OLD SHERIDAN ST SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEATS, DEBORAH R. 14501 OLD SHERIDAN ST SOUTHWEST RANCHES, FL 33330
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05/22/08-80066-001 150.00

**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: *Tom Sheats* **Tom Sheats, President** 4/28/08 934-249-5614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #