

2008 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # H88793

1. Entity Name
THOEMKE MANAGEMENT, INC.

FILED

08 MAY -2 AM 8: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1885 UNIVERSITY AVE SAINT PAUL, MN 55104 US	Mailing Address PO BOX 4249 SAINT PAUL, MN 55104 US
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2. Principal Place of Business - No P.O. Box # 5790 Dixie Bell Road	3. Mailing Address 5790 Dixie Bell Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02252008 Chg-P CR2E034 (12/06)

City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33418	Country USA
Zip 33418	Country USA

4. FEI Number 59-2657335	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOEMKE, JANA
5790 DIXIE BELL ROAD
PALM BEACH GARDENS, FL 33418

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PTSD <input type="checkbox"/> Delete
NAME	THOEMKE, JOSEPH
STREET ADDRESS	5790 DIXIE BELL RD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900128355439
05/05/08--01003--033 **288.75

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR