

# 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



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

4. FEI Number  
59-2657335

Applied For  
Not Applicable

Zip  
33418

Country  
USA

Zip  
33418

Country  
USA

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

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTSD  
THOEMKE, JOSEPH  
5790 DIXIE BELL RD  
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NAME  
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25/6

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #