

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92550

Entity Name: THOMASVILLE SALES COMPANY

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

2165 RIVER BLVD.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2165 RIVER BLVD.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-2619568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, BILL
2165 RIVER BLVD.
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

ROBERT P. LYNCH
2165 RIVER BLVD.
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: ROBERT P. LYNCH 01/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYNCH, BILL
Address: 2165 RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32204

Title: S () Delete
Name: LYNCH, ROBERT P
Address: 2165 RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: LYNCH, THOMAS P
Address: 2165 RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LYNCH, ROBERT P
Address: 2165 RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32204

Title: V (X) Change () Addition
Name: LYNCH, THOMAS P
Address: 2165 RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32204

Title: S () Change (X) Addition
Name: LYNCH, ROBERT P
Address: 2165 RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Change (X) Addition
Name: LYNCH, ROBERT P
Address: 2165 RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. LYNCH V 01/24/2007
Electronic Signature of Signing Officer or Director Date