## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01321

FILED Jan 11, 2005 Secretary of State

Entity Name: THOMPSON GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 2831 NW 41ST STREET SUITE D GAINESVILLE, FL 32606 **New Mailing Address: Current Mailing Address:** 2831 NW 41ST STREET SUITE D GAINESVILLE, FL 32606 FEI Number: 59-2664988 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, C. FREDERICK THOMPSON, C. FREDERICK 104 N. MAIN ST., SUITE 300 GAINESVILLE, FL 32601 2831 NW 41 STREET SUITE D GAINESVILLE, FL 32606 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: 01/11/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition THOMPSON, C. FREDERI, CK THOMPSON, C. FREDERICK Name: Name: 104 N. MAIN ST. STE. 300 2831 NW 41 STREET, SUITE D Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: ( ) Change (X) Addition BRANSON, M. GAIL Name: Name: 2831 NW 41 STREET Address: Address: GAINESVILLE, FL 32606 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete DVS Name: POWELL, CARRI-ANNE Name: 2831 NW 41 STREET, SUITE D Address Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M. GAIL BRANSON D 01/11/2005