2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2009
Secretary of State

DOCUMENT# J14159

Entity Name: THOMAS HISHMEH, INC.

Current Principal Place of Business:

2740 COVE VIEW DR NORTH
JACKSONVILLE, FL 32257

New Principal Place of Business:

CAFE PLAZA 701 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

Current Mailing Address:

2740 COVE VIEW DR NORTH
JACKSONVILLE, FL 32257

New Mailing Address:

2740 COVE VIEW DR. NORTH
JACKSONVILLE, FL 32257

FEI Number: 59-2674148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HISHMEH, THOMAS
2740 COVE VIEW DR. N.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HISHMEH, THOMAS
Address: 2740 COVE VIEW DR N
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: HISHMEH, VERA
Address: 2740 COVE VIEW DR. N.
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: CARROLL, LORRAINE
Address: 2740 COVE VIEW DR. N.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HISHMEH, THOMAS
Address: 2740 COVE VIEW DR N
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Change ( ) Addition
Name: HISHMEH, VERA
Address: 2740 COVE VIEW DR. N.
City-St-Zip: JACKSONVILLE, FL 32257

Title: S (X) Change ( ) Addition
Name: CARROLL, LORRAINE
Address: 4013 JEBB ISLAND CIR. E.
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify 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: VERA HISHMEH VP 05/16/2009

Electronic Signature of Signing Officer or Director Date