


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # J55593

1. Entity Name
 THOM PARK AND ASSOCIATES, INC.



Principal Place of Business
 3515 O'FFALY CT
 TALLAHASSEE, FL 32309

Mailing Address
 3515 O'FFALY CT
 TALLAHASSEE, FL 32309



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2791139

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PARK, THOM
 3515 O'FFALY CT
 TALLAHASSEE, FL 32308

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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 _____ (NOTE Registered Agent signature required when reinstating)

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**

U00000929125
 05/21/08-80056-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------|
| TITLE | DP |
| NAME | PARK, THOMAS |
| STREET ADDRESS | 3515 O'FFALY CT |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | DST |
| NAME | PARK, SUSAN |
| STREET ADDRESS | 3515 O'FFALY CT |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Susan L. Park April 16, 2008 850 893 8428

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