

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J61224**

1. Entity Name  
**THOMAS BROTHERS INDUSTRIES, INC.**



Principal Place of Business

% GARY RICHARD THOMAS  
1019 SHADICK DRIVE  
ORANGE CITY, FL 32763

Mailing Address

% GARY RICHARD THOMAS  
1019 SHADICK DRIVE  
ORANGE CITY, FL 32763



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2885050**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, GARY R  
1019 SHADICK DRIVE  
ORANGE CITY, FL 32763

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	THOMAS, MICHAEL P
STREET ADDRESS	329 W. OHIO
CITY - ST - ZIP	ORANGE CITY, FL 32763
TITLE	S
NAME	THOMAS, SYLVIA B
STREET ADDRESS	1019 SHADICK DR
CITY - ST - ZIP	ORANGE CITY, FL 32763
TITLE	P
NAME	THOMAS, GARY R
STREET ADDRESS	1019 SHADICK DR
CITY - ST - ZIP	ORANGE CITY, FL 32763
TITLE	T
NAME	WILLIAMSON, LYNN M
STREET ADDRESS	2801 IRONDALE ST.
CITY - ST - ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/04-80064-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lynn Williamson **LYNN WILLIAMSON** 4-27-04 386-774-4155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #