

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61224

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: THOMAS BROTHERS INDUSTRIES, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

% MICHAEL PAUL THOMAS  
1019 SHADICK DRIVE  
ORANGE CITY, FL 32763

## New Mailing Address:

% MICHAEL PAUL THOMAS  
1019 SHADICK DRIVE  
ORANGE CITY, FL 32763

FEI Number: 59-2885050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

THOMAS, MICHAEL P  
1019 SHADICK DRIVE  
ORANGE CITY, FL 32763 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: MICHAEL PAUL THOMAS

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: THOMAS, MICHAEL P  
Address: 329 W. OHIO  
City-St-Zip: ORANGE CITY, FL 32763

Title: S ( ) Delete  
Name: WILLIAMSON, LYNN M  
Address: 2801 IRONDALE STREET  
City-St-Zip: DELTONA, FL 32738

Title: P ( ) Delete  
Name: THOMAS, GARY R  
Address: 1019 SHADICK DR  
City-St-Zip: ORANGE CITY, FL 32763

Title: T ( ) Delete  
Name: GEYER, GERALD E  
Address: 138 ROSEDALE DRIVE  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: THOMAS, MICHELLE  
Address: 329 W. OHIO  
City-St-Zip: ORANGE CITY, FL 32763

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

Title: P (X) Change ( ) Addition  
Name: THOMAS, MICHAEL P  
Address: 329 W OHIO AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

Title: T (X) Change ( ) Addition  
Name: WILLIAMSON, LYNN M  
Address: 2801 IRONDALE STREET  
City-St-Zip: DELTONA, F 32738

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: LYNN WILLIAMSON

S

04/29/2008

Electronic Signature of Signing Officer or Director

Date