


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J63466
 1. Entity Name
 T.H. RESORTS, INC.



Principal Place of Business 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533	Mailing Address 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1783240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIKARDS, T. RAYMOND 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEENHUSEN, ROBERT 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENDZIERA, CRAIG 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FLEMMONS, JODEE 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000358922
 05/04/05-80135-008 150.00

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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 officers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/05 Daytime Phone # _____