

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1783240

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	RICKARDS, T. RAYMOND
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	VP
NAME	STENENHUISEN, ROBERT
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	PD
NAME	KENDZIERA, CRAIG
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	VPS
NAME	PLEMMONS, JODEE
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/28/08-80020-020 150.00

**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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Steenhuisen 4/29/08 845 223 3603