

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

CK. NO. \_\_\_\_\_

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90319 008 \*\*\*150.00

**DOCUMENT # J63950**

1. Entity Name  
THERMAL TECHNOLOGIES, INC.



Principal Place of Business

130 NORTH POINT CT  
BLYTHEWOOD, SC 29016

Mailing Address

130 NORTH POINT CT  
FIRST FLOOR  
BLYTHEWOOD, SC 29016 US

**50037393**



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2468095

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 reinstating)

DATE \_\_\_\_\_

**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	PD
NAME	LENTZ, JAMES R
STREET ADDRESS	130 NORTH POINT CT
CITY-ST-ZIP	BLYTHEWOOD, SC 29016
TITLE	VP
NAME	BYRNE, DAVID
STREET ADDRESS	6023 BATEAU DR
CITY-ST-ZIP	FLOWERY BRANCH, GA
TITLE	D
NAME	BOLKENSTEIN, COR
STREET ADDRESS	HOOG SOEREN 86 7346 AE HOOG SOEREN
CITY-ST-ZIP	HOLLAND, TH
TITLE	ST
NAME	VERSCHUURE, JOHANNIS
STREET ADDRESS	130 NORTHPOINT COURT
CITY-ST-ZIP	BLYTHEWOOD, SC
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Lentz President 04/11/05

Date

Daytime Phone #