

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J69512

1. Entity Name
THREAD MILL INDUSTRIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:52

Principal Place of Business
995 N GOLDENROD RD
ORLANDO, FL 32807 US

Mailing Address
995 N GOLDENROD RD
ORLANDO, FL 32807-6207 US



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2854005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNETT, CAROLYN H
7860 BROKEN ARROW TRAIL
WINTER PARK, FL 32792

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, 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 PTD
NAME ARNETT, CAROLYN H
STREET ADDRESS 7860 BROKEN ARROW TRAIL
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE VD
NAME ARNETT, MARK D
STREET ADDRESS 2020 CURRYVILLE RD
CITY-ST-ZIP OVIEDO, FL 32766

TITLE SD
NAME ARNETT, WAYNE R
STREET ADDRESS 7607 BENT BOW TR
CITY-ST-ZIP WINTER PK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300125265693
04/23/08--01016--005 **438.75

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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 like empowered.

SIGNATURE: C. N. Arnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08 407-277-3343
Date Daytime Phone #

4/21