

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # J76941**

1. Entity Name  
T.H. OLD TOWN, INC.



Principal Place of Business  
2424 SOUTE 52  
HOPWELL JUNCTION, NY 12533

Mailing Address  
2424 SOUTE 52  
HOPWELL JUNCTION, NY 12533



**DO NOT WRITE IN THIS SPACE**

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-1740109

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 HAYS STREET  
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 re-filing)

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 TOLLMAN, BEATRICE  
STREET ADDRESS 2424 STE. 52  
CITY-ST-ZIP HOPEWELL JUNCTION, NY 12533

TITLE VD  
NAME KENDZICRA, CRAIG  
STREET ADDRESS 2424 RTE 52  
CITY-ST-ZIP HOPEWELL JUNCTION, NY 12533

TITLE VD  
NAME HUNDLEY, CHARLES  
STREET ADDRESS 2424 RTE 52  
CITY-ST-ZIP HOPEWELL JUNCTION, NY 12533

TITLE VS  
NAME PLEMMONS, JODEE  
STREET ADDRESS 2424 RTW 52  
CITY-ST-ZIP HOPEWELL JUNCTION, NY 12533

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000358907  
05/04/05-80135-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowerment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #