


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90349 036 ***150.00

40073189

DOCUMENT # J76946					
1. Entity Name T.H. SPACECOAST MANAGEMENT, INC.					
Principal Place of Business 2424 ROUTE 52 HOPWELL JUNCTION, NY 12533			Mailing Address 2424 ROUTE 52 HOPWELL JUNCTION, NY 12533		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
04282006			Chg-P		CR2E034 (11/05)
4. FEI Number 59-2818041				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 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
V STEENHUISEN, ROBERT 2424 RTE 52 HOPWELL JUNCTION, NY 12533			Change Addition		
VS PLEMMONS, JODEE 2424 RTE 52 HOPWELL JUNCTION, NY 12533			Change Addition		
PD KENDZIERA, CRAIG 2424 RTE 52 HOPEWELL JUNCTION, NY 12533			Change Addition		
VD RICKARDS, T. RAYMOND 2424 RTE 52 HOPEWELL JUNCTION, NY 12533			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/28/06 Daytime Phone: #					