2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J92383

1. Entity Name
THORNBY MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1018 HERON POINT CR DELAND, FL 32724	1018 HERON POINT CIRCLE DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2857105	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
P. O. BOX 191
DAYTONA BEACH, FL 32015

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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, 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	SDT
NAME	KNIGHT, J. FRANK
STREET ADDRESS	1018 HERON POINT CIR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	PD
NAME	CLAPP, JOHN
STREET ADDRESS	812 CENTRAL AVE
CITY-ST-ZIP	SPRING LAKE, NJ 07762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J. FRANK KNIGHT   1/8/08   386-228-2676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #