

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # K09527

1. Entity Name

THIEL & SONS INC.



Principal Place of Business

**1418 SE 47TH ST
CAPE CORAL FL 33904**

Mailing Address

**4009 SW 26TH CT
CAPE CORAL FL 33914
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0023270**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THIEL, DENNIS J.
218 S.W. 41ST TERRACE
CAPE CORAL FL 33904**

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
THIEL, DENNIS J.
4009 SW 26TH CT
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
THIEL, CHRISTINE A.
4009 SW 26TH CT
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000638484
02/27/07-80033-011 150.00

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dennis Thiel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

Daytime Phone #

239.540-9300