

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K12666

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: JOHN P. THOMAS ENTERPRISES, INC.

## Current Principal Place of Business:

5201 N DAVIS HWY  
PENSACOLA, FL 32503

## New Principal Place of Business:

9825 HOLLOW BROOK DR  
PENSACOLA, FL 32514

## Current Mailing Address:

5201 N DAVIS HWY  
PENSACOLA, FL 32503

## New Mailing Address:

9825 HOLLOW BROOK DR  
PENSACOLA, FL 32514

FEI Number: 59-2880969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, JOHN P.  
5201 N DAVIS HWY  
PENSACOLA, FL 32503 US

## Name and Address of New Registered Agent:

THOMAS, JOHN P.  
9825 HOLLOW BROOK DR  
PENSACOLA, FL 32514 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/09/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: THOMAS, JOHN P.  
Address: 5201 N DAVIS HWY  
City-St-Zip: PENSACOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: THOMAS, JOHN P.  
Address: 9825 HOLLOW BROOK DR  
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. THOMAS

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date