


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90108 047 \*\*\*150.00

<b>DOCUMENT # K20427</b> 1. Entity Name <b>THOLLANDER PROPERTIES INCORPORATED</b>					
Principal Place of Business <b>151 LOOKOUT PLACE SUITE 201 MAITLAND, FL 32751 US</b>			Mailing Address <b>151 LOOKOUT PLACE SUITE 201 MAITLAND, FL 32751 US</b>		
2. Principal Place of Business - No P.O. Box # <b>500 Lake Mills Rd.</b>		3. Mailing Address <b>500 Lake Mills Rd</b>			
Suite, Apt. #, etc. <b>Chuluota, FL</b>		Suite, Apt. #, etc. <b>Chuluota, FL</b>			
City & State <b>Chuluota, FL</b>		City & State <b>Chuluota, FL</b>			
Zip <b>32766</b>	Country <b>USA</b>	Zip <b>32766</b>	Country <b>USA</b>	4. FEI Number <b>59-2883633</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>THOLLANDER, ROBERT E. 151 LOOKOUT PLACE SUITE 201 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name <b>Thollander, Robert E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 Lake Mills Rd</b> City <b>Chuluota</b> <b>FL</b> Zip Code <b>32766</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>THOLLANDER, ROBERT E. 151 LOOKOUT PLACE SUITE 201 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>500 Lake Mills Rd</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Chuluota, FL</b> <b>32766</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Robert E. Thollander</b>		4/23/08		321-303-3068	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	