


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K72764		
1. Entity Name THOMPSON ROAD DEVELOPMENT CORPORATION		
Principal Place of Business 1515 RIVER OAKS ROAD EAST P O BOX 23212 HARAHAN, LA 70183 US		Mailing Address 1515 RIVER OAKS ROAD EAST P O BOX 23212 HARAHAN, LA 70183 US
DO NOT WRITE IN THIS SPACE		
		01092006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2937125		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		
ANCHORS, LARRY Y. 611 W. MIRACLE ST. PARKWAY MARY ESTHER, FL 32569		DO NOT WRITE IN THIS SPACE
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
		100000399991 02/01/06-80033-024 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLESSEY, WALTER E. JR 314 HIGHLAND AVE. SANTA ROSA BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANCHORS, LARRY Y. 611 W. MIRACLE ST. MARY ESTHER, FL	
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DO NOT WRITE IN THIS SPACE		
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: <u>Walter E. Blessey, Jr.</u>		WALTER E. BLESSEY, JR. 1/19/06 (504)734-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #