## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 04, 2006 08:00 AM Secretary of State **DOCUMENT # K81006** THISTLEDOWN FARM, INC. Principal Place of Business Mailing Address 14908 TILDEN ROAD 14908 TILDEN ROAD WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 03282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-2949782 Not Applicable \$8.75 Additional 5. Centificate of Status Desired Fas Required 6. Name and Address of Current Registered Agent THOMAS, JAMES MILTON DO NOT WRITE 14908 TILDEN ROAD WINTER GARDEN, FL 34787 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE THOMAS, JAMES MILTON NAME STREET ADDRESS 15668 W HWY 50 WINTER GARDEN, FL CSTY-ST-ZP TITLE THOMAS, MARGARET W NAME 15668 W. COLONIAL DR. STREET ADDRESS U00000490905 84/19/06-80001-002 150.00 City-St-76 WINTER GARDEN, FL. 34787 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE REFEE NAME STREET ADDRESS CITY-ST-ZIP HAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CHY-SI-DP 12. I hereby certify that the information supplied with this filling 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

**FILED**