


**2007 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K81006</b> 1. Entity Name THISTLEDOWN FARM, INC.	
--	---

Principal Place of Business  
14908 TILDEN ROAD  
WINTER GARDEN, FL 34787

Mailing Address  
14908 TILDEN ROAD  
WINTER GARDEN, FL 34787



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2949782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

THOMAS, JAMES MILTON  
14908 TILDEN ROAD  
WINTER GARDEN, FL 34787

**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 \_\_\_\_\_  
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**

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	D THOMAS, JAMES MILTON 15668 W HWY 50 WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, MARGARET W 15668 W. COLONIAL DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671512  
03/28/07-80030-025 150.00

**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: James Milton Thomas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 (407) 656-8277  
Date Daytime Phone #