2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Feb 06, 2008 8:00 am Secretary of State 02-06-2008 90027 041 ***150.00

DOCUMENT # K85921 1. Entity Name THOMAS MORTGAGE & FINANCIAL SERVICES, INC.					ayu	000 90027 041 130.	00	
۲	Principal Place	of Business	Mailing Address		400-			
% PEGGY A. THOMAS			% PEGGY A. THOMAS					
1180 SPRING CENTRE SOUTH #223			1180 SPRING CENTRE SOUTH #223					
	ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 327			FL 32714	A CONTRACT ON LOCAL WITH FRICE	Here had been been block bluer been block been		
-	2 Original Di	no of Divinees No BO Boy 4	3. Mailing Address					
Principal Place of Business - No P.O. Box # Mailing Address			3, Walling Address					
Suite, Apt. #, etc.		#, etc.	Suite, Apt. #, etc.		02042008 Chg-P	CR2E034 (12/06)		
					02042000 Clig-F			
l	City & State	<u>. </u>	City & State	-	4. FEI Number	\ 	plied For -	
ŀ	7in	Country	Zip	Country	59-2946059		t Applicable	
	Žip	Country	ا کال	Country	5. Certificate of Status De	sired See Required	itional 1	
ŀ		6. Name and Address of Current R	legistered Agent		7. Name and Address of			
				Name				
THOMAS, PEGGY A.				Street, Address	Street Address (P.O. Box Number is Not Acceptable)			
	304 PARTRIDGE LANE LONGWOOD, FL 32779			Oli Got / Iddirect	Circle Addition (1.0. Dox Hamber is 1401 Acceptable)			
١	201101101	55,12 525						
l				City		FL Zip Code		
ŀ								
Į		named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office or regist	ered agent, or both, in the Stat	te of Florida. I am familiar with,	and accept	
Ì								
l	SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. INOTE	: Registered Agent signature requi	red when reinstating)	DATE		
	*							
Ì	FILI	E NOW!!! FEE IS \$150.00	9. Election Campa		5.00 May Be			
Ì		y 1, 2008 Fee will be \$550.0	Trust Fund Cont	ribution. Ll A	dded to Fees			
ŀ	10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES	O OFFICERS AND DIRECTOR	3 IN 11	
ľ	TITLE	PT	☐ Delete	TITLE		☐ Change	Addition	
l	NAME	THOMAS, PEGGY A.		NAME				
ļ	STREET ADDRESS	304 PARTRIDGE LANE		STREET ADDRESS				
ŀ	CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP				
l	IIILE	PRES	Delete	TITLE		☐ Change	Addition	
ĺ	NAME STREET ADDRESS	THOMAS, PEGGY A. 304 PARTRIDGE LANE		NAME STREET ADDRESS				
Ì	CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP				
ŀ	TITLE	\$EVP	☐ Delete	TITLE		☐ Change	☐ Addition	
l	NAME	CARLTON, MICHAEL H	☐ Delois	NAME		[_] sinange		
ļ	STREET ADDRESS	171 COLUMBUS CIRCLE		STREET ADDRESS				
l	CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP				
I	TITLE	SVP	☐ Delete	TITLE		☐ Change	Addition	
Į	NAME	PRICE, MICHAEL J		NAME				
l	STREET ADDRESS	34448 WINDLEY CIRCLE		STREET ADDRESS CITY-ST-ZIP				
Ì	CITY-ST-ZIP	EUSTIS, FL 32736						
ļ	TITLE NAME	VP SUAREZ, JR., GERRY	☐ Delete	TITLE NAME		☐ Change	Addition	
	STREET ADDRESS	207 SUNRISE LANE		STREET ADDRESS				
	CITY-ST-ZIP	EUSTIS, FL 32746		CITY-ST-ZIP				
	TITLE		☐ Delete	TITLE		Change	☐ Addition	
ļ	NAME			NAME:				
ļ	STREET ADDRESS			STREET ADORESS				
ĺ	CITY-ST-ZIP			CITY-ST-ZIP				

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 eath; 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 it changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR