

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85921

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** THOMAS MORTGAGE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

% PEGGY A. THOMAS  
1180 SPRING CENTRE SOUTH BLVD. #223  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

% PEGGY A. THOMAS  
1180 SPRING CENTRE SOUTH BLVD. #223  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-2946059      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, PEGGY A.  
304 PARTRIDGE LANE  
LONGWOOD, FL 32779      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: THOMAS, PEGGY A.  
Address: 304 PARTRIDGE LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: PRES  
Name: THOMAS, PEGGY A.  
Address: 304 PARTRIDGE LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: SEVP  
Name: CARLTON, MICHAEL H  
Address: 171 COLUMBUS CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PEGGY A. THOMAS

PRES

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date