


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # L05000058236 1. Entity Name THOMAS AND COMPANY, LLC	
---	---

Principal Place of Business 310 SOUTH 2D STREET FORT PIERCE, FL 34950	Mailing Address 310 SOUTH 2D STREET FORT PIERCE, FL 34950
---	---

DO NOT WRITE IN THIS SPACE

02192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3058947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HENDRICKSON, KEVIN
310 SOUTH 2D STREET
FORT PIERCE, FL 34950

**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]* (NOTE: Registered Agent signature required when reinstating) DATE 2/20/07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRICKSON, KEVIN 8280 HIDDEN PINES ROAD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH-HENDRICKSON, DIANE L 8280 HIDDEN PINES ROAD FORT PIERCE, FL 34945
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	

U00000644723
03/02/07-80055-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* MGR DATE 2/20/07 Daytime Phone 772-461-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Kevin Hendrickson