2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109101

Entity Name: THOMPSON & WATERS, LLC

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

671 BRENT LANE

PENSACOLA, FL 32503 US

Current Mailing Address: New Mailing Address:

2818 SAFARI COURT 671 BRENT LANE

GULF BREEZE, FL 32563 US PENSACOLA, FL 32503 US

FEI Number: 26-3771979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804 US

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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM () Delete THOMPSON, RICHARD Name: Address: 7400 CAMALE DRIVE

City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM () Delete Name: WATERS, WILLIAM Address: 2818 SAFARI COURT

City-St-Zip: GULF BREEZE, FL 32563 US Title: (X) Change () Addition

ADDITIONS/CHANGES:

THOMPSON, RICHARD A Name: Address: 7400 CAMALE DRIVE City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM (X) Change () Addition

Name: WATERS, WILLIAM H Address: 2818 SAFARI COURT City-St-Zip: GULF BREEZE, FL 32563 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM H WATERS **MGRM** 06/29/2009