


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90042 011 \*\*\*150.00

**DOCUMENT # L19554**  
 1. Entity Name  
 THOMAS B. CUSHING DEMOLITION, INC.



Principal Place of Business      Mailing Address  
 8210 8TH ROAD NORTH      8210 8TH ROAD NORTH  
 W PALM BEACH FL, 33411      W PALM BEACH FL, 33411

**DO NOT WRITE IN THIS SPACE**



01242008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>65-0149040</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
 CUSHING, NANCY P  
 8210 8TH ROAD NORTH  
 W PALM BEACH FL, FL 33411

**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 *Nancy P Cushing APC*      DATE *1-25-08*  
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, 2008 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	P CUSHING, NANCY P 8210 8TH ROAD NORTH W PALM BEACH FL, 33411
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Nancy P Cushing*      Date *1-25-08*      Daytime Phone # *561-793-6173*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #