2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L37673

FILED Mar 19, 2009 Secretary of State

| Entity Name: THOMAS AND SON, INC. | | Georetary of Glate | |
|--|---|---|--|
| Current Principal Place of Business: | New Principal Place o | of Business: | |
| 4542 GALL BLVD. ZEPHYRHILLS, FL 33541 | | | |
| Current Mailing Address: | New Mailing Address | : | |
| 13815 21ST STREET DADE CITY, FL 33525 | | | |
| FEI Number: 59-2984898 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| THOMAS, CLAUDE E 36827 PALM STREET DADE CITY, FL 32355 US | | | |
| The above named entity submits this statement for the pur in the State of Florida. | pose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | |
| Electronic Signature of Registered Agent | | Date | |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS: | |
| Title: DP () Delete Name: THOMAS, CLAUDE E Address: 36827 PALM ST. City-St-Zip: DADE CITY, FL 33525 | Title: (Name: Address: City-St-Zip: | () Change () Addition | |

Title: DVP () Delete Title: () Change () Addition THOMAS, WADE Name: Name: Address: 25807 APPLEBLOSSOM LA. Address: ZEPHYRHILLS, FL 33541 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete DST

Name: THOMAS, LAURIE KAYE Name: THOMAS, LAURIE KAYE Address: 36827 PALM ST. Address: 36827 PALM ST. City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

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 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 an address, with all other like empowered.

SIGNATURE: CLAUDE E THOMAS DP 03/19/2009