

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L37673

Entity Name: THOMAS AND SON, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4542 GALL BLVD.  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

4542 GALL BLVD  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

4542 GALL BLVD.  
ZEPHYRHILLS, FL 33542

FEI Number: 59-2984898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

THOMAS, CLAUDE E  
36827 PALM STREET  
DADE CITY, FL 32355 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: DP  
Name: THOMAS, CLAUDE E  
Address: 36827 PALM ST.  
City-St-Zip: DADE CITY, FL 33525

Title: DVP  
Name: THOMAS, WADE  
Address: 31053 LAKESIDE LANE  
City-St-Zip: DADE CITY, FL 33525

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

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: WADE E THOMAS

DVP

01/05/2011

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

\_\_\_\_\_  
Date