

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37673

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: THOMAS AND SON, INC.

**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:**

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, WADE E  
31053 LAKESIDE LANE  
DADE CITY, FL 33523 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, WADE E  
Address: 31053 LAKESIDE LANE  
City-St-Zip: DADE CITY, FL 33523

Title: DVP  
Name: THOMAS, CLAUDE E  
Address: 36827 PALM ST  
City-St-Zip: DADE CITY, FL 33525

Title: DST  
Name: THOMAS, WADE E  
Address: 31053 LAKESIDE LANE  
City-St-Zip: DADE CITY, FL 33523

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 THOMAS

DP

01/05/2012

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

\_\_\_\_\_  
Date