

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90184 016 ***150.00

DOCUMENT # L45276

1. Entity Name
MICROTHERM, INC.



Principal Place of Business

**3401 SW 40TH BLVD
SUITE 230
GAINESVILLE, FL 32608 US**

Mailing Address

**3401 SW 40TH BLVD
SUITE 230
GAINESVILLE, FL 32608 US**

60035735

2. Principal Place of Business - No P.O. Box #

**1020 N.W. 6th Street
Suite B**

3. Mailing Address

**1020 N.W. 6th Street
Suite B**



04162008 Chg-P CR2E034 (12/06)

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2983659

Applied For

Not Applicable

Zip

32601-2223

Country

USA

Zip

32601-2223

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ATKINS, JOHN P.
3401 SW 40TH BLVD
SUITE 230
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name **Atkins, John P.**
Street Address (P.O. Box Number is Not Acceptable)
1020 N.W. 6th Street
Suite B
City **Gainesville** FL Zip Code **32601-2223**

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

Signature, typed or printed name of registered agent and title if applicable.

John P. Atkins / President 4/16/08

(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 **D** ☐ Delete
NAME **ATKINS, JOHN P.**
STREET ADDRESS **3401 SW 40TH BLVD, SUITE 230**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Atkins, John P.**
STREET ADDRESS **1020 N.W. 6th Street Suite B**
CITY-ST-ZIP **Gainesville, FL 32601-2223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Atkins 4/16/08 (352) 336-6666

Date

Daytime Phone #