



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L52412</b> 1. Entity Name <b>THOMPSON SERVICE STATION, INC.</b>																					
Principal Place of Business <b>2510 BROADWAY</b> <b>WEST PALM BEACH, FL 33407 US</b>			Mailing Address <b>2510 BROADWAY</b> <b>WEST PALM BEACH, FL 33407 US</b>																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0286796</b> Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04062004 Chg-P CR2E034 (10/03)																			
6. Name and Address of Current Registered Agent  <b>THOMPSON, E.H</b> <b>2510 BROADWAY</b> <b>WEST PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>THOMPSON, EDMUND</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>7201 MICHIGAN ISLE ROAD</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>WEST PALM BEACH, FL</b></td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete	NAME	<b>THOMPSON, EDMUND</b>	STREET ADDRESS	<b>7201 MICHIGAN ISLE ROAD</b>	CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>UN00000143760</b>  <b>04/30/04-00103-024 150.00</b> </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>UN00000143760</b> <b>04/30/04-00103-024 150.00</b>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund Thompson

Date

Daytime Phone #

4 27 24-561-832-3975

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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