

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L67573

1. Entity Name
THF, INC.



Principal Place of Business

3019 S.R. 715
#2
BELLE GLADE, FL 33430

Mailing Address

P.O. BOX 10
BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0192567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLT, ANN M.
457 OLD COUNTRY RD
WEST PALM BEACH, FL 33414

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1/13/07

1/13/07

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLT, THOMAS C.
STREET ADDRESS 457 OLD COUNTRY RD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE SD
NAME HOLT, ANN M.
STREET ADDRESS 457 OLD COUNTRY RD
CITY-ST-ZIP WEST PALM BEACH, FL

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000000636758
02/26/07-80032-018 150.00

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IN THIS SPACE**

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:

Thomas C. Holt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.13.07 Tel. 992-9660

Date

Daytime Phone #