

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L69397

1. Entity Name

THELMAR CORP.



FILED
Feb 24, 2005 08:00 AM
Secretary of State

Principal Place of Business ☐ Mailing Address
% THELMA DEUTSCH
9225 COLLINS AVE
SURFSIDE FL 33154
US



2. Principal Place of Business 3. Mailing Address

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0203956 Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEUTSCH, THELMA
9225 COLLINS AVENUE
402
SURFSIDE FL 33154

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DEUTSCH, THELMA
STREET ADDRESS 9225 COLLINS AVENUE
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ Change ☐ Addition
NAME UN00000241378
STREET ADDRESS 02/24/05-80040-019 158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 exemption stated in Section 119.07(3)(j), 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: Shelma Deutsch Date: Feb. 20 2005 305 867-1172