2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M66969 1. Entity Name



FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90094 023 ***150.00

THOMAS FINANCIAL SERVICES INC										
Principal Place of Business % WILLIAM C. CRAMER 2251 W. 23RD ST. PANAMA CITY, FL 32405-2344		Mailing Address % WILLIAM C. CRAMER 2251 W. 23RD ST. PANAMA CITY, FL 32405-2344								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072006 Chg-P CR2E034 (11/05)					
City & State		City & State			4. FEI Numb	=		_ 	pplied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent				•	7. Name and	Address of New Regi	stered Ag	jent		
10000				Name						
CRAMER, WILLIAM C.										
2251 W. 23		Street Address			(P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	э	
	named entity submits this statement for ons of registered agent.	register	ed agent, or bo	oth, in the State of Florida		miliar with,	and accept			
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, 2006 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.				\$5. Add	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICE	RS AND D	DIRECTORS	S IN 11	
TITLE	ST	X Delete	TITLE	Ţ			1	Change	Addition	
NAME	JONES, SHERRY		NAME	1			•		42	
STREET ADDRESS	2129 PITTMAN DR		STREET ADDRESS	}					i	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP							
			-	- /-	1-1-					
ITLE	P	☐ Delete	TILE	P/S	/T/D		į	🔀 Change	Addition	
NAME	CRAMER, WILLIAM C.		NAME	Wil:	liam C.	Cramer, Jr. 3rd Street				
STREET ADDRESS	112 BUNKERS COVE RD		STREET ADDRESS							
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP	Pan	ama Cit	y, FL 32405				
TITLE		☐ Delete	TITLE	VP	,		-	Change	Addition	
NAME			NAME	W11	liam C.	Cramer, III			20	
STREET ADDRESS			STREET ADDRESS	225	l West	Cramer, III 23rd Street				
CITY-ST-ZIP			CITY-ST-ZIP		ama Cit					
TITLE		☐ Delete	TITLE	D	<u> </u>	7, 12 32103		Change	N Addition	
NAME		LLD Delete	NAME	Car	olyn T.	Cramer	,	Onenge	X Addition	
STREET ADDRESS			STREET ADDRESS			23rd Street				
CITY-ST-ZIP			CITY-ST-ZIP		ama Cit					
					istant				57	
TITLE		☐ Delete	TITLE				į	Change	X Addition	
NAME			NAME	225	eriey G	. Odum 23rd Street				
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	ran	ama Cit	y, FL 32405				
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 that it is same lengt effect as if made under onth, that i am an officer or director.									nformation	
iz. intereby (eriny mai the imprination supplied with	true and accurate and that mu	cionatura shalla	Tave the	same legal effe	ot se if made under oath	nici ceilli	y was trie if	or director	

of the corporation or the receive changed, or on an attachment or trustee empowered to execute this report as the first my address, with all other like empowered. required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

(850) 747-7621