

NOT-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90135 027 *****61.25

DOCUMENT # N04000006768					
1. Entity Name THANKS TO OUR TROOPS, INC.					
Principal Place of Business 4535 CENTRAL AVENUE ST. PETERSBURG, FL 33713			Mailing Address 4535 CENTRAL AVENUE ST. PETERSBURG, FL 33713		
2. Principal Place of Business 1135 So. Pasadena Ave. Suite, Apt. #, etc. # 107 City & State So. Pasadena, FL Zip 337007 Country USA		3. Mailing Address 1135 So. Pasadena Ave. Suite, Apt. #, etc. # 107 City & State So. Pasadena, FL Zip 33707 Country USA		50065024 	
4. FEI Number 08302005 Chg-NP				CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINN, MAX 4535 CENTRAL AVENUE ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent 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 _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 617, 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:			8-30-05 727-347-9170 Date Daytime Phone #		