

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007297

FILED  
Sep 10, 2008  
Secretary of State

Entity Name: THIEVES GUILD, INC.

## Current Principal Place of Business:

11450 NE 111TH AVENUE  
ARCHER, FL 32618 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 140852  
GAINESVILLE, FL 32614 US

## New Mailing Address:

FEI Number: 74-3157663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

SHARP, SOMMER S MS.  
11450 NE 111TH AVENUE  
ARCHER, FL 32618 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: ANDREI, SUNSHINE MS.  
Address: 205 SE 16 TH AVE, APT 3-E  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: DT ( ) Delete  
Name: SHARP, SOMMER S MS.  
Address: 11450 NE 111TH AVENUE  
City-St-Zip: ARCHER, FL 32618 US

Title: DV ( ) Delete  
Name: SMITH, ANDY MR.  
Address: 3115A NW 79TH COURT  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DP ( ) Delete  
Name: WEST, SCOTT P MR.  
Address: 3601 SW 28TH TERR #2  
City-St-Zip: GAINESVILLE, FL 32608 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOMMER S. SHARP

DT

09/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date