

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007297

FILED
Feb 11, 2009
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:

PO BOX 140333
GAINESVILLE, FL 32614 US

FEI Number: 74-3157663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 SHARP

DT

02/11/2009

Electronic Signature of Signing Officer or Director

Date