

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011826

FILED
Apr 16, 2009
Secretary of State

Entity Name: TWIN THUNDER, INC.

Current Principal Place of Business:

4657 HARBORVIEW DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41486
JACKSONVILLE, FL 322031486 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, TOMMIE
4657 HARBORVIEW
JACKSONVILLE, FL 32208 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: DP () Delete
Name: WRIGHT, TOMMIE
Address: 4657 HARBORVIEW
City-St-Zip: JACKSONVILLE, FL 32208

Title: DV () Delete
Name: LITTLES, ROBERT
Address: 6631 THURGOOD CENTER EAST
City-St-Zip: JACKSONVILLE, FL 32219

Title: DS () Delete
Name: MASONES, KENNETH
Address: 3403 PROVINCIAL CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32277

Title: DT () Delete
Name: JACKSON, STEWART
Address: 1427 SUMMIT OAK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32221

Title: C () Delete
Name: WILCOX, SINCLAIR
Address: 7774 EBDERBY AVE EAST
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: TROTTIE, JOSEPH
Address: 1734 GALLAHADION CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS (X) Change () Addition
Name: MASON, KENNETH
Address: 3403 PROVINCIAL CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32277

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: TOMMIE WRIGHT

RA

04/16/2009

Electronic Signature of Signing Officer or Director

Date