

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90342 034 \*\*\*\*61.25

**DOCUMENT # N22259**

1. Entity Name

THRASHER WAREHOUSE PRESERVATION, INC.



Principal Place of Business

CORNER OF BAY STREET & CHOLOKKA BLVD  
P.O. BOX 26  
MICANOPY FL 32667

Mailing Address

CORNER OF BAY STREET & CHOLOKKA BLVD  
P.O. BOX 26  
MICANOPY FL 32667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2907378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, EDWARD L.  
1301 GULF LIFE DR.  
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD  
NAME: DES FORGES, BUD  
STREET ADDRESS: 554 SEMINARY ST  
CITY-ST-ZIP: MICANOPY FL 32667 ☐ Delete

TITLE: STD  
NAME: THRASHER, JOHN E.  
STREET ADDRESS: 6424 SE 169TH AVENUE  
CITY-ST-ZIP: MICANOPY FL ☐ Delete

TITLE: PD  
NAME: CRASS, MAURICE  
STREET ADDRESS: 13025 US HIGHWAY #441 SOUTH  
CITY-ST-ZIP: MICANOPY FL ☐ Delete

TITLE: D  
NAME: LONAS, GEORGE  
STREET ADDRESS: 1922 SOUTHWEST 83RD COURT  
CITY-ST-ZIP: GAINESVILLE FL 32607 ☐ Delete

TITLE: D  
NAME: STILL, JOE  
STREET ADDRESS: 18009 SE COUNTY RD # 234  
CITY-ST-ZIP: MICANOPY FL 32667 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DIRECTOR  
NAME: SAMS, CHARLES V.  
STREET ADDRESS: 1920 S.W. 86TH AVE.  
CITY-ST-ZIP: GAINESVILLE, FL 32607 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 352-

Date

Daytime Phone #