


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90011 023 \*\*\*\*61.25

<b>DOCUMENT # N99000000605</b> 1. Entity Name <b>THIEVES OF SAN LORENZO, INC.</b>			
Principal Place of Business <b>P.O. BOX 14033</b> <b>CLEARWATER, FL 33768-3766</b>		Mailing Address <b>P.O. BOX 14033</b> <b>CLEARWATER, FL 33768-3766</b>	
2. Principal Place of Business <b>P.O. Box 5796</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 5796</b> Suite, Apt. #, etc.	
City & State <b>CLEARWATER FL</b> Zip <b>33758</b> Country		City & State <b>CLEARWATER FL</b> Zip <b>33758</b> Country	
4. FEI Number <b>59-3563128</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRIEDMAN, LOUISE M</b> <b>4247 11 AVENUE N</b> <b>SAINT PETERSBURG, FL 33713</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P FRIEDMAN, LOUISE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, LOUISE	NAME	
STREET ADDRESS	4247 11 AVENUE N	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	CITY-ST-ZIP	
TITLE	VP SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDEZ, JULIE	NAME	
STREET ADDRESS	13867 FEATHER SOUND DR.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33762	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHORN, CHERYL	NAME	
STREET ADDRESS	2027 DIPLOMAT DR.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 337643770	CITY-ST-ZIP	
TITLE	SOA <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, CAROL	NAME	
STREET ADDRESS	2034 CORMORANT AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIE BUNCE	NAME	
STREET ADDRESS	12523 136th LANE N.	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	
TITLE	SOA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN BARFIELD	NAME	
STREET ADDRESS	7865 CAUSEWAY BLVD. N.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <u>Cheryl Hathorn</u> <u>CHERYL HATHORN</u> <u>2/14/06</u> <u>(727) 535-8814</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			