2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90033 019 ***150.00

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1. Entity Name
THOMAS INSURANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1795 SATIN LEAF COURT DELRAY BEACH, FL 33445	1795 SATIN LEAF COURT DELRAY BEACH, FL 33445

04082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1760 SATIN LEAF CT.	1760 SATIN LEAF CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33445 Country: PALM BEACH	Zip: 33445 Country: PALM BEACH

4. FEI Number: 65-0984962 ☐ 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
THOMAS, ROBERT F 1795 SATIN LEAF CT DELRAY BEACH, FL 33445	Name: THOMAS, ROBERT F. Street Address (P.O. Box Number Is Not Acceptable): 1760 SATIN LEAF CT City: DELRAY BEACH FL Zip Code: 33445

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD THOMAS, ROBERT F 1795 SATIN LEAF COURT DELRAY BEACH, FL 33445	☐ Delete	PSD THOMAS, ROBERT F. 1760 SATIN LEAF CT DELRAY BEACH, FL 33445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD THOMAS, PATRICIA A 1795 SATIN LEAF COURT DELRAY BEACH, FL 33446	☐ Delete	VTD THOMAS, PATRICIA A. 1760 SATIN LEAF CT DELRAY BEACH, FL 33445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 607, 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: Robert F. Thomas, President Robert F. Thomas 4-11-08 (561) 702-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #