

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90037 035 \*\*\*150.00

**DOCUMENT # P00000030601**

1. Entity Name

TERRY W. THOMPSON, INC.



Principal Place of Business

237 WEST 4TH AVENUE  
SUITE 2  
MT. DORA FL 32757

Mailing Address

237 WEST 4TH AVENUE  
SUITE 2  
MT. DORA FL 32757

2. Principal Place of Business

418 N. DONNELLY ST

Suite, Apt. #, etc.

3. Mailing Address

418 N. DONNELLY ST

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MT. DORA, FLORIDA

Zip  
32757

Country

U.S.A.

City & State

MT. DORA, FLORIDA

Zip  
32757

Country

4. FEI Number

59-3638924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

THOMPSON, TERRY W  
237 WEST 4TH AVENUE  
SUITE 2  
MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

418 N. DONNELLY ST

City

MT. DORA

FL

Zip Code

32757

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 \$150.00**

**After May 1, 2004: Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME THOMPSON, TERRY W  
STREET ADDRESS 237 WEST 4TH AVENUE, SUITE 2  
CITY-ST-ZIP MT. DORA FL 32757

TITLE P ☐ Delete  
NAME THOMPSON, SUSAN S  
STREET ADDRESS 237 WEST 4TH AVE, SUITE 2  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 418 N. DONNELLY ST  
CITY-ST-ZIP MT. DORA, FL. 32757

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 418 N. DONNELLY ST  
CITY-ST-ZIP MT. DORA, FL. 32757

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Susan S. Thompson*

SUSAN S. THOMPSON

04-16-04

352-383-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #