


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90274 003 ***150.00

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| DOCUMENT # P00000038957 | | | |  | |
| 1. Entity Name THOMAS ENTERPRISES OF USA INC. | | | | | |
| Principal Place of Business 6148 1ST AVE S APT 48-C ST PETERSBURG, FL 33707 | | | Mailing Address 6148 1ST AVE S APT 48-C ST PETERSBURG, FL 33707 | | |
| 2. Principal Place of Business 214 HUNTER COURT | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PALM HARBOR, FL | | City & State | | 4. FEI Number 59-3637171 | |
| Zip 34684 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOMASZ, WOJAKIEWICZ 6148 1ST AVE S APT 48-C SAINT PETERSBURG, FL 33707 | | | 7. Name and Address of New Registered Agent Name: TOMASZ WOJAKIEWICZ Street Address (P.O. Box Number is Not Acceptable) 214 HUNTER COURT City: PALM HARBOR 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: <u>T. Wojakiewicz</u> TOMASZ WOJAKIEWICZ 1/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | V WOJAKIEWICZ, THOMASZ 6148 1ST AVE S APT 48-C ST PETERSBURG, FL 33707 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 214 HUNTER COURT PALM HARBOR, FL 34684 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZYDRON, IWONA 6148 1ST AVE S APT 48-C SAINT PETERSBURG, FL 33707 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 214 HUNTER COURT PALM HARBOR, FL 34684 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>T. Wojakiewicz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | TOMASZ WOJAKIEWICZ V. PRES. 1/29/05 727-771-9101 <small>Date Daytime Phone #</small> | | |