

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90036 019 ***150.00

DOCUMENT # P00000050776

1. Entity Name

THOMAS BROTHERS OF JAX, INC.



Principal Place of Business

14185 BEACH BLVD., SUITE 11
JACKSONVILLE, FL 32250

Mailing Address

14185 BEACH BLVD., SUITE 11
JACKSONVILLE, FL 32250

24008682



01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3648254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, RYAN
14185 BEACH BLVD., SUITE 11
JACKSONVILLE, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME THOMAS, RYAN
STREET ADDRESS 14185 BEACH BLVD. # 11
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE DTS
NAME THOMAS, SEAN
STREET ADDRESS 14185 BEACH BLVD. #11
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

Sean Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04 904223-5400

Date

Daytime Phone #