## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000058589**

1. Entity Name

THUNDERCLOUD AGRICULTURE, INC.



Principal Place of Business

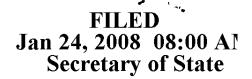
Mailing Address

777 S HARBOUR ISLANDS BLVD.

STE 360 TAMPA, FL 33802

STREET ADDRESS CITY-ST-ZIP 777 S HARBOUR ISLANDS BLVD. STE 360

TAMPA, FL 33802





01172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3659865

Applied For Not Applical

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WALTER, ROBERT A 777 SOUTH HARBOUR ISLAND BLVD SUITE 360 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f anolicable. (NOTE: Benistered	Agent signature	a required when reinstaling)	DATE	
	Capacita Spiriture and		<del></del>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTER, ROBERT A 777 S HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602	)	H00000794834			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WALTER, ROBERT A 777 A HARBOUR ISLAND BLVD, STE 360 TAMPA, FL 33609			000000794834 01/28/08-80024-005 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

111/11/11/11

<sup>12.</sup> 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 direct 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 changed, or on an attachment with an address, with all other like empowered.