2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000069734

02-27-2004 90011 022 ***150.00 1. Entity Name J. & S. THOMPSON ENTERPRISES, INC. Principal Place of Business Mailing Address 54012379 801 LONGBOAT CLUB ROAD 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01212004 City & State City & State 4. FEI Number Applied For 65-1027316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, SYLVIA M Street Address (P.O. Box Number is Not Acceptable) 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 10. 11. Addition Delete TITLE Change TITLE THOMPSON, SYLVIA M NAME STREET ADDRESS 801 LONGBOAT CLUB ROAD STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Delete Change P, D TITLE NAME Mary Virginia Thompson NAME STREET ADDRESS STREET ADDRESS 216 Perrin Place CITY-ST-7IP Charlotte, NC 28207 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME Jessie Lynn Thompson Derham STREET ADDRESS 2711 Lemon Tree Lane Charlotte, NC 28211 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP K Addition ☐ Change

FILED Feb 27, 2004 8:00 am

Secretary of State

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 it changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

NAME

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Jo Anne Thompson Manofsky

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ll Brooklawn Chase Asheville, NC 288

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TITLE

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Mary Virginia Thompson. SIGNATURE AND TYPED OR PRINTED NAME OF