

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000069734

1. Entity Name

J. & S. THOMPSON ENTERPRISES, INC.



Principal Place of Business

**801 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228**

Mailing Address

**801 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1027316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, SYLVIA M
801 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, MARY V
STREET ADDRESS	216 PERRIN PLACE
CITY - ST - ZIP	CHARLOTTE, NC 28207
TITLE	SD
NAME	THOMPSON DERHAM, JESSIE L
STREET ADDRESS	2837 FOREST DRIVE
CITY - ST - ZIP	CHARLOTTE, NC 28211
TITLE	TD
NAME	THOMPSON MANOFSKY, JO ANNE
STREET ADDRESS	11 BROOKLAWN CHASE
CITY - ST - ZIP	ASHEVILLE, NC 28803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/14/06-80003-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Virginia Thompson, Pres.

Date

941-387-0810

Daytime Phone