2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069734

City-St-Zip:

ASHEVILLE, NC 28803

Entity Name: J. & S. THOMPSON ENTERPRISES, INC

FILED Mar 26, 2009 Secretary of State

Littly Nai	ile. J. & S. 11	IONIFSON LINIERFRISES, III	NO.		
Current P	rincipal Place	of Business:	New Principal I	New Principal Place of Business:	
801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228				801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 342283803	
Current M	ailing Addres	ss:	New Mailing Ac	New Mailing Address:	
801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228				801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 342283803	
FEI Number:	65-1027316	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
801 LONG	DN, SYLVIA M BOAT CLUB F AT KEY, FL 34		801 LONGBÓAT	THOMPSON, SYLVIA M 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 342283803 US	
The above in the State	named entity e e of Florida.	submits this statement for the p	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATUR	RE:			03/26/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	THOMPSON, N	CLUB, PO BOX 188	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	* .		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:) Delete ANOFSKY, JO ANNE VN CHASE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARY V THOMPSON PD 03/26/2009