


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000090552 |  |
| 1. Entity Name THOMAS PARK ENTERPRISES, INC. | |

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| Principal Place of Business 4590 118TH AVENUE N CLEARWATER, FL 33762 | Mailing Address 4590 118TH AVENUE N CLEARWATER, FL 33762 |
|--|--|



05062004 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-3677514 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent ENGLANDER, LEONARD S 721 1ST AVE NORTH ST PETERSBURG, FL 33701 |
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD THOMAS, PRISCILLA G 4590 118TH AVENUE N CLEARWATER, FL 33762 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD THOMAS, W.WADE 4590 118 AVE N CLEARWATER, FL 33762 |
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U000000160979
05/19/04-80004-006 150.00

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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)(f), 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

5/12/04 (727) 573-7257
Date Daytime Phone