


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000033507  
 1. Entity Name  
 THERMA-LOX, INC.



Principal Place of Business      Mailing Address  
 375 E CENTRAL AVE      375 E CENTRAL AVE  
 WINTER HAVEN, FL 33800      WINTER HAVEN, FL 33800

**DO NOT WRITE IN THIS SPACE**



08032005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3712233      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FLEMING, HAROLD V.  
 810 SATURN ST #24  
 JUPITER, FL 33477

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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 this if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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	D
NAME	SCOTT, STEVEN
STREET ADDRESS	810 SATURN ST #16
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	D
NAME	AARON, MARCIE
STREET ADDRESS	375 E CENTRAL AVE
CITY - ST - ZIP	WINTER HAVEN, FL 33800
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 08/08/05-80001-007 150.00

**DO NOT WRITE 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: MARCIE AARON/PRESIDENT 8/5/05 863/293-1569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #