

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90162 047 ***150.00

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1. Entity Name
TH-PY DEVELOPMENT, INC.



Principal Place of Business
12889 EMERALD COAST PKWY., STE. 111-A
DESTIN, FL 32550

Mailing Address
12889 EMERALD COAST PKWY., STE. 111-A
DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3721645

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY, THOAMS B JR
12889 EMERALD COAST PKWY., STE. 111-A
DESTIN, FL 32541

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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 PT
NAME HENRY, THOMAS B JR
STREET ADDRESS 12889 EMERALD COAST PKWY, SUITE 111A
CITY-ST-ZIP DESTIN, FL 32550

TITLE VPS
NAME YOKUBINAS, PAUL
STREET ADDRESS 111 NORTH LAKESIDE DR
CITY-ST-ZIP KENNESAW, GA 30144

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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:

Thomas B Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 (850) 654-4818
Date Daytime Phone #