

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90019 027 \*\*\*150.00

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MOORE CR2E034 (11/03)

|   |                                 |                     |  |   |  |
|---|---------------------------------|---------------------|--|---|--|
| <b>DOCUMENT # P01000056504</b><br>1. Entity Name<br><b>THUNDER STRUCK, INC.</b>   |                                 |                     |  |   |  |
| Principal Place of Business<br><b>61 LORILLARD PLACE</b><br><b>ORMOND BCH FL 32174</b>  |                                 |                     | Mailing Address<br><b>61 LORILLARD PLACE</b><br><b>ORMOND BCH FL 32174</b> |   |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc. |  |   |  |
| City & State  |                                 | City & State        |  | 4. FEI Number <b>90-0002714</b>   |  |
| Zip   |                                 | Country             |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                 |  |
| Zip   |                                 | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |                                 |                     | 7. Name and Address of New Registered Agent                                |   |  |
| <b>PARK, BILL</b><br><b>61 LORILLARD PLACE</b><br><b>ORMOND BCH FL 32174</b>  |                                 |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City         |   |  |
|   |                                 |                     | State <b>FL</b> Zip Code   |   |  |
| 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 <u><i>Bill Park</i></u> (NOTE: Registered Agent signature required when reissuing) DATE   |                                 |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                 |                     |  |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |                                 |                     |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                                 |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |   |  |
| TITLE   | DPST                            |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | PARK, WILLIAM G                 |                     | NAME   |   |  |
| STREET ADDRESS  | 61 LORILLARD PLACE              |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | ORMOND BCH FL 32174             |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |                     | NAME   |   |  |
| STREET ADDRESS  |                                 |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |                     | NAME   |   |  |
| STREET ADDRESS  |                                 |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |                     | NAME   |   |  |
| STREET ADDRESS  |                                 |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |                     | NAME   |   |  |
| STREET ADDRESS  |                                 |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |                     | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Bill Park</i></u> <b>3-5-04</b> <b>(386) 290-4751</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |                     |  |   |  |