2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P0100056504 1. Entity Name THUNDER STRUCK, INC.						January Carlo		
Principal Place 61 LORILLAR ORMOND BCI	D PLACE	Mailing Address 61 LORILLARD PLACE ORMOND BCH, FL 32174			wakan kenu makai maka mulka	. Dainh berren mithe Bills musty Minimus er 1988 ber	•	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					No Chg-P er 2714 of Status Desired	CR2E034 (10/03) Applied For Not Applie \$8.75 Additional Fee Required	or	
PARK, BILL 61 LORILLARD PLACE ORMOND BCH, FL 32174				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 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, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		<u> </u>		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND C DPST PARK, WILLIAM G 61 LORILLARD PLACE ORMOND BCH, FL 32174	DIRECTORS	<u>.</u>		800000; 03/30 /0 5-6	280064 80004-018 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY+ST-ZIP		· .		DO	NOT W	RITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: