

2006 FOR PROFIT CORPORATION ANNUAL REPORT

F215
CO# 200 CI# 1275 FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000058131
1. Entity Name
THISTLE DOWNS VENTURES, INC.



Principal Place of Business
631 US HWY 1, STE 406
NORTH PALM BEACH, FL 33408

Mailing Address
631 US HWY 1, STE 406
NORTH PALM BEACH, FL 33408

APPROVAL Chk TOTAL 150.00
DATE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1115997 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR
631 US HWY 1, STE 406
NORTH PALM BEACH, FL 33408

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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	PD
NAME	MACKEY, WALTER J JR
STREET ADDRESS	772 LAGOON DR
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	V
NAME	HANSEN, ROBERT L
STREET ADDRESS	178 EDGEWATER CIR
CITY - ST - ZIP	SUNSET BEACH, NC 28468
TITLE	ST
NAME	WILLIAMS, EDWARD S
STREET ADDRESS	6080 TERRA ROSA CIRCLE
CITY - ST - ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000531297
05/06/06-80035-008 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Edward S Williams Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/06 Daytime Phone #