STOW EOR DROET CORPORATION

FILED M

ANNUAL REPORT DOCUMENT # P01000101125 1. Entity Name THOMPSON AND BENDER INSPECTIONS INC.				Feb 04, 2004 08:00 A			
				:	Secre	etary of State	
324 89TH A	e of Business VE. N.E. BURG, FL. 33702	Mailing Address PO BOX 56210 ST. PETERSBURG, FL 33732					
C	OO NOT WRITE	IN THIS SPAC	E	02032004 4. FEI Numbe 59-3754	No Chg-P CF	R2E034 (10/03) Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, JOEL C 324 89TH AVENUE N.E. ST. PETERSBURG, FL 33702 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.					DO NOT WRITE IN THIS SPACE ed agent, or both, in the State of Florida. 1 am familiar with, and accept		
SIGNATURE.	Signature typed of printers and of registered agent and	9. Election Campaign Financi	Agont signature required	.00 May Be	1/0	D3/04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P THOMPSON, JOEL C PO BOX 56210 ST. PETERSBURG, FL 33732		Add	ed to Fees	U000000 02/06/04-8 NOT WRI	:0081-020 150 . 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENTED TO THE STREET ADDRESS CITY-ST-ZIP					THIS SPAC		

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 eath; 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #