

Apr 10,  
Secr

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000121538

1. Entity Name  
THRIFT PROPERTIES, INC.



Principal Place of Business  
515 7TH AVE S.  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
515 7TH AVE S.  
JACKSONVILLE BEACH, FL 32250

U00000498200  
04/22/06-80085-013 150.00



**DO NOT WRITE IN THIS SPACE**

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
26-0007234

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

THRIFT, MICHAEL  
515 7TH AVE. S.  
JACKSONVILLE BEACH, FL 32250

**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 is 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 PS  
NAME THRIFT, MICHAEL  
STREET ADDRESS 515 7TH AVE S.  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE TD  
NAME JANSON, DAVID A  
STREET ADDRESS 515 7TH AVE S.  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: Michael Thrift MICHAEL THRIFT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 904-241-5564

Date

Daytime Phone #