

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90035 042 \*\*\*150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000122014		
1. Entity Name R. W. THOMAS CONSTRUCTION, INC.		

Principal Place of Business 1824 SUZIE CT EAST ST GEORGE ISLAND, FL 32328	Mailing Address P.O. BOX 555 EASTPOINT, FL 32328
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2. Principal Place of Business 308 HWY 98	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State EASTPOINT, FL	City & State
Zip 32328	Country FRANKLIN

4. FEI Number 54-1477367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, R. WAYNE 1824 SUZIE CT EAST ST GEORGE ISLAND, FL 32328	
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7. Name and Address of New Registered Agent Name THOMAS, R. WAYNE Street Address (P.O. Box Number is Not Acceptable) 199 N. BAYSHORE DR City EASTPOINT FL Zip Code 32328	
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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 DATE 1/11/05

Signature, typed or printed name of registered agent and business applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THOMAS, R. WAYNE 1824 SUZIE CT EAST ST GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THOMAS, R. WAYNE 199 N. BAYSHORE DR EASTPOINT, FL 32328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST DURRER, MARY A 1824 SUZIE CT EAST ST GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST DURRER, MARY A 199 N. BAYSHORE DR EASTPOINT, FL 32328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THOMAS, DAVID W 112 HUNTER CIRCLE PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: R. WAYNE THOMAS DATE 1/11/05 850/670-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR