

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90512 028 \*\*\*150.00

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<b>DOCUMENT # P02000045192</b> 1. Entity Name THIS-N-THAT ENTERPRISES, INC.					
Principal Place of Business 4982 BROOKMEADE DR SARASOTA, FL 34232			Mailing Address 4411 BEE RIDGE RD #267 SARASOTA, FL 34233		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 4982 Brookmeade Dr.  Suite, Apt. #, etc.		02142005    Chg-P    CR2E034 (10/03)	
City & State  Zip                      Country		City & State Sarasota, FL Zip                      Country 34232		4. FEI Number 03-0433863 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  JONSEF, TODD A 4982 BROOKMEADE DR SARASOTA, FL 34232	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City                      FL                      Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP JONSEF, TODD A 4982 BROOK MEADE DR SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY - ST - ZIP P JONSEF, GARY 7204 LINGERLODGE RD #14 BRADENTON, FL 34202		TITLE NAME STREET ADDRESS CITY - ST - ZIP S JONSEF, BETTINA 4982 BROOKMEADE DR SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY - ST - ZIP T BELMONT, CONNIE 3313 SHEFFIELD CIR SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 04/27/05    Daytime Phone #: 941-726-2834					