

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90021 044 ***158.75

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1. Entity Name
THIS-N-THAT ENTERPRISES, INC.



Principal Place of Business
**4982 BROOKMEADE DR
SARASOTA, FL 34232**

Mailing Address
**4982 BROOKMEADE DR
SARASOTA, FL 34232**

00000301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

03-0433863

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONSEF, TODD A
4982 BROOKMEADE DR
SARASOTA, FL 34232**

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

Signature, typed or printed name of registered agent and title if 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 VP ☐ Delete
NAME JONSEF, TODD A
STREET ADDRESS 4982 BROOK MEADE DR
CITY-ST-ZIP SARASOTA, FL 34232

TITLE P ☐ Delete
NAME JONSEF, GARY
STREET ADDRESS 7204 LINGERLODGE RD #14
CITY-ST-ZIP BRADENTON, FL 34202

TITLE S ☐ Delete
NAME JONSEF, BETTINA
STREET ADDRESS 4982 BROOKMEADE DR
CITY-ST-ZIP SARASOTA, FL 34232

TITLE T ☐ Delete
NAME BELMONT, CONNIE
STREET ADDRESS 3313 SHEFFIELD CIR
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Todd A. Jonsef
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd A. Jonsef

02/22/06

941-726-2834

Date

Daytime Phone #