2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 08:00 Al Secretary of State

ANNOAL KEPOKI								
DOCUMENT : 1. Entity Name THM CONSULTING								
Principal Place of Business 34342 SHADEWOOD CIR LEESBURG, FL 34788	US	Mailing Address 34342 SHADEWOOD CIR LEESBURG, FL 34788	US					

	DEWOOD CIR	Mailing Address 34342 SHADEWOOD CIR LEESBURG, FL 34788 US		- 			1 6 1116871 1881
С	OO NOT WRITE I		CE	01272008 4. FEI Numbe 56-2294		CR2E034 (11/0	5) Applied For Not Applicable Additional
34342 SH	THERESA H ADEWOOD CIR IG, FL 34788				NOT WE		
8. The above the obligat	named entity submits this statement for the tions of registered agent.	rile il applicable (NOTE: Registered	d Agent signature required		h, in the State of Florid	a. I am famihar wi	ith, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	~ _ ~	.00 May Be led to Fees			, ;
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PSTD MARDEN, THERESA H 34342 SHADEWOOD CIR LEESBURG, FL 34788	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000008 02/11/08-8	11036 9010-017	150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP					NOT WE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby o	certify that the information supplied with this	filing does not qualify for the exe	motions contained	in Chapter 119	Florida Statutes, Lifur	her certify that the	information

I nereby 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:	musa II			Marden	01/28/2008	352-5/6-8	829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC			DIRECTOR		Date	Daylime Phone ≱	