

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90024 049 ***150.00

DOCUMENT # P02000099028

1. Entity Name
THOMAS TOWNHOMES CORPORATION



Principal Place of Business
**15431 N. FLORIDA AVENUE
TAMPA, FL 33613**

Mailing Address
**15431 N. FLORIDA AVENUE
TAMPA, FL 33613**

94025302



2. Principal Place of Business
13625 N. FLORIDA AVE.

3. Mailing Address
13625 N. FLORIDA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004 Chg-P CR2E034 (10/03)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
42-1549072

Applied For
☐ Not Applicable

Zip
33613

Country
USA

Zip
33613

Country
USA

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

6. Name and Address of Current Registered Agent

**WARD, KEN ESQ.
701 BAYSHORE BLVD.
TAMPA, FL 33606**

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

Ken Ward *Ken Ward*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 3, 2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RAIRIGH, RAYMOND L SR.**
STREET ADDRESS **1807 CURRY ROAD**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Delete
NAME **ROSEMAN, RON**
STREET ADDRESS **POST OFFICE BOX 151285**
CITY-ST-ZIP **TAMPA, FL 33684**

TITLE **D** ☐ Delete
NAME **THOMAS, SHARON**
STREET ADDRESS **4005 W. SEVILLA STREET**
CITY-ST-ZIP **TAMPA, FL 336298514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition
NAME **Rairigh, Raymond L. Sr.**
STREET ADDRESS **13625 N. Florida Ave.**
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **D** ☒ Change ☐ Addition
NAME **Roseman, Ron**
STREET ADDRESS **13625 N. Florida Ave.**
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **D** ☒ Change ☐ Addition
NAME **Thomas, Sharon**
STREET ADDRESS **13625 N. Florida Ave.**
CITY-ST-ZIP **Tampa, FL 33613**

TITLE ☐ 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 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:

Sharon Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-04