

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000106277

1. Entity Name  
THOMAS SALES, INC.



**FILED  
Jan 26, 2005 08:00 AM  
Secretary of State**

Principal Place of Business  
13564 WAINWRIGHT DRIVE  
PORT CHARLOTTE, FL 33953

Mailing Address  
13564 WAINWRIGHT DRIVE  
PORT CHARLOTTE, FL 33953



**DO NOT WRITE IN THIS SPACE**

01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4509909 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, LARRY F  
13564 WAINWRIGHT DRIVE  
PORT CHARLOTTE, FL 33953

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

100000199159  
01/27/05-80083-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME THOMAS, LARRY F  
STREET ADDRESS 13564 WAINWRIGHT DRIVE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Larry F. Thomas*  
LARRY F. THOMAS  
PRESIDENT

3/26/05 941-743-6444  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR