2004 FOR PROFIT CORPORATION ANNUAL REPORT		<b></b> _	FILED Mar 29, 2004 8:00 a Secretary of State	
DOCUMENT # P020 1. Entity Name THOMPSON BUILDING GR				90058 008 ***150.00
Principal Place of Business 401 N CANAL ST LEESBURG, FL 34749	Mailing Address 401 N CANAL ST LEESBURG, FL 34749			HAND MEN HAND AND AND MANDELLAND
DO NOT W	RITE IN THIS SPACE	021620 4. FEI NL 14-1	)4 No Chg-P	CR2E034 (10/03)  CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address THOMPSON, PERRY E 401 N CANAL ST LEESBURG, FL 34749	o of Current Registered Agent		) NOT W THIS SP	RITE
the obligations of registered agent.	statement for the purpose of changing its registered officered agent and litle if applicable. (NOTE: Registered Agent	ce or registered agent, o		ida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of FILE NOW!!! FEE IS \$1 After May 1, 2004 Fee will 10. OFF TITLE D THOMPSON, PERRY PO BOX 491336	registered agent and litie if applicable. (NOTE: Registered Agent 150.00 be \$550.00 FICERS AND DIRECTORS E	· · · · · · · · · · · · · · · · · · ·	»	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of FILE NOW!!! FEE IS \$1 After May 1, 2004 Fee will 10. OFF ITTLE UNAME THOMPSON, PERRY PO BOX 491336 LEESBURG, FL 3474 ITTLE UNAME STREET ADDRESS CITY-ST-2IP ITTLE VAME VAME VAME VAME	registered agent and litie if applicable. (NOTE: Registered Agent 150.00 be \$550.00 FICERS AND DIRECTORS E	signature required when reinstation  \$5.00 May Br Acted to Fees		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of FILE NOW!!! FEE IS \$1 After May 1, 2004 Fee will 10. OFF TITLE D NAME THOMPSON, PERRY PO BOX 491336 LEESBURG, FL 3474 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP STRE	registered agent and litie if applicable. (NOTE: Registered Agent 150.00 be \$550.00 FICERS AND DIRECTORS E	signature required when reinstation	»	DATE
the obligations of registered agent. SIGNATURE Signature, typed or printed name of FILE NOW!!! FEE IS \$1 After May 1, 2004 Fee will 10. OFF TITLE D TITLE D THOMPSON, PERRY PO BOX 491336	registered agent and litie if applicable. (NOTE: Registered Agent 150.00 be \$550.00 FICERS AND DIRECTORS E	signature required when reinstation	» ,	DATE