

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90005 009 ***150.00

DOCUMENT # P02000126153

1. Entity Name
THRESHER MANAGEMENT, INC.



Principal Place of Business
**3000 LIONS COURT
KISSIMMEE, FL 34744**

Mailing Address
**3000 LIONS COURT
KISSIMMEE, FL 34744**

14023209



05192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0049836

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

**WALKER, JOHN R
3000 LIONS COURT
KISSIMMEE, FL 34744**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WALKER, JOHN R
3000 LIONS COURT
KISSIMMEE, FL 34744** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John R. Walker **John R. Walker** **5.28.04** **407.518.9931**



DIVISION OF CORPORATIONS

ANNUAL REPORT

PAGE 1

DOCUMENT NUMBER
P02000126153
BUSINESS ENTITY NAME
THRESHER MANAGEMENT, INC.

FEI NUMBER 270049836
FEI NUMBER STATUS APPLIED FOR NOT APPLICABLE CURRENT
CERTIFICATE OF STATUS DESIRED YES NO \$8.75 EACH

PRINCIPAL PLACE OF BUSINESS

ADDRESS 3000 LIONS COURT

SUITE, APT. #, ETC.

CITY, STATE KISSIMMEE FL

ZIP CODE & COUNTRY 34744

MAILING ADDRESS

ADDRESS 3000 LIONS COURT

SUITE, APT. #, ETC.

CITY, STATE KISSIMMEE FL

ZIP CODE & COUNTRY 34744

NAME AND ADDRESS OF REGISTERED AGENT

NAME (LAST, FIRST, MIDDLE, TITLE) WALKER JOHN R

OR-RA BUSINESS NAME

ADDRESS 3000 LIONS COURT

SUITE, APT. #, ETC.

CITY, STATE KISSIMMEE FL

ZIP CODE & COUNTRY 34744

IF REGISTERED AGENT (RA) IS CHANGED, THE NEW RA MUST TYPE THEIR NAME IN THE 'REGISTERED AGENT SIGNATURE' BLOCK BELOW. RA SIGNATURE MUST BE AN INDIVIDUAL NAME. IF THE RA IS A BUSINESS ENTITY, AN INDIVIDUAL MUST SIGN ON THEIR BEHALF. A BUSINESS ENTITY CANNOT SERVE AS ITS OWN RA.

REGISTERED AGENT SIGNATURE