2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000015053

LARRY L. THOMPSON, P.A.



FILED Apr 25, 2005 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

100 VALLEY STREAM DR., APT. 100 NAPLES, FL 34113

Mailing Address

100 VALLEY STREAM DR., APT. 100 NAPLES, FL 34113



DO	NOT	WRITE	IN	THIS	SPA	CF
UV.		** 1 1 1 1 1 1 1 1 1	113		317	

04042005 No Chg-P		CR2E034 (10/03)			
4. FEI Number			Applied For		
56-2321	753		Not Applicable		
5. Certificate	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

THOMPSON, LARRY L 100 VALLEY STREAM DR., APT. 100 NAPLES, FL 34113

DO NOT WRITE IN THIS SDACE

				111	INIS SPACE
	cons of registered agent.	surpose of changing its registered	office or i	registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGINATURE.	Signature, typed or printed name of registered egent and title	f applicable (NOTE Registered Ap	jent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS THOMPSON, LARRY L 100 VALLEY STREAM DR., APT. 100 NAPLES, FL 34113				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000330193 04/25/05-80150-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corp changed,	ertily that the information supplied with this file on this report or supplemental report is true a contation or the receiver or trustee empowered or on an attachment with all address, with all	ing does not qualify for the exemp nd accurate and that my signature to execute this report as required other like empowered.	ion state shall hav by Chap	d in Section 119.07(3) ve the same legal effe ter 607, Florida Statuti	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

PRES.

MONATURE AND TO BE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR