

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000029314**

1. Entity Name  
**THOR SYSTEMS, INC.**



Principal Place of Business  
**4531 36TH STREET  
ORLANDO, FL 32811 US**

Mailing Address  
**4531 36TH STREET  
ORLANDO, FL 32811 US**

2. Principal Place of Business  
**209 Moss Road, Suite 211**

3. Mailing Address  
**P.O. Box 621237**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252004 Chg-P CR2E034 (10/03)

City & State  
**Winter Springs, FL**

City & State  
**Oviedo, FL**

4. FEI Number  
**20-0027037**

Applied For  
Not Applicable

Zip  
**32708**

Country  
**U.S.A.**

Zip  
**32762**

Country  
**U.S.A.**

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

## 6. Name and Address of Current Registered Agent

**THIER, CARL C  
4531 36TH STREET  
ORLANDO, FL 32811**

## 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

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	P Dr. Peter H. Wolff 209 Moss Road, Suite 211 Winter Springs, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Dr. Samuel M. Richie 209 Moss Road, Suite 211 Winter Springs, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Edward R. White 209 Moss Road, Suite 211 Winter Springs, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Russell L. Case Jr. 209 Moss Road, Suite 211 Winter Springs, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Victor J. Eisey 209 Moss Road, Suite 211 Winter Springs, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000155069  
05/05/04-80022-019 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Russell L. Case Jr.**

**26 Apr. 2004**

Date

Daytime Phone #

**(407) 327-2141**