


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90070 037 \*\*\*150.00

DOCUMENT # <b>P03000037590</b>	
1. Entity Name <b>THETFORD PROPERTIES, INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>109 OPP BLVD.</b>	3. Mailing Address <b>109 OPP BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>FT. WALTON BEACH, FL</b>	City & State <b>FT. WALTON BEACH, FL.</b>	4. FEI Number <b>68-0549408</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32548</b>	Country <b>USA</b>	Zip <b>32548</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>ROBERT B. THETFORD JR.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1125 IVEY TERRACE</b>	
City <b>NICEVILLE</b>	FL Zip Code <b>32578</b>

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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	<b>P ROBERT S. THETFORD 109 OPP BLVD. FT. WALTON BEACH, FL. 32548</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/T ROBERT B. THETFORD JR 1125 IVEY TERRACE NICEVILLE, FL 32578</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-05**

Date

**850-678-4764**

Daytime Phone #

CR2E034B (12/02)