

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90291 019 ***150.00

DOCUMENT # P03000042723 1. Entity Name KENNETH W. THOMAS, INCORPORATED			
Principal Place of Business 1593 LINWOOD DRIVE CLEARWATER, FL 33755		Mailing Address 1593 LINWOOD DRIVE CLEARWATER, FL 33755	
2. Principal Place of Business 125 Lincoln Ave. N. Suite, Apt. #, etc.		3. Mailing Address 125 Lincoln Ave. N. Suite, Apt. #, etc.	
City & State Clearwater, FL Zip 33755 Country		City & State Clearwater, FL Zip 33755 Country	
4. FEI Number 80-0080349		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, KENNETH W-- 1593 LINWOOD DRIVE CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 125 Lincoln Ave. N. City Clearwater FL Zip Code 33755	
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: <u><i>Kenneth W. Thomas</i></u> President 18 April 06 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOMAS, KENNETH W 1593 LINWOOD DRIVE CLEARWATER, FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 N. Lincoln Ave Clearwater, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kenneth R. Thomas 1606 Scott St. Clearwater, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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: <u><i>Kenneth W. Thomas</i></u> 18 Apr 06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	