

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055523

Entity Name: JIM THOMPSON PLUMBING, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

3701-A NE 36TH AVENUE
OCALA, FL 34479

New Principal Place of Business:

1927 NE 90TH PLACE
SUITE A
ANTHONY, FL 32617

Current Mailing Address:

3701-A NE 36TH AVENUE
OCALA, FL 34479

New Mailing Address:

1927 NE 90TH PLACE
SUITE A
ANTHONY, FL 32617

FEI Number: 56-2364924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JAMES L
3701-A NE 36TH AVENUE
OCALA, FL 34479 US

Name and Address of New Registered Agent:

THOMPSON, JAMES L
1927 NE 90TH PLACE
SUITE A
ANTHONY, FL 34479 US

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.

SIGNATURE: JAMES L. THOMPSON

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: THOMPSON, JAMES L
Address: 3701 NE 36TH AVE SUITE A
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: THOMPSON, JAMES L
Address: 1927 NE 90TH PLACE SUITE A
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. THOMPSON

MR.

04/20/2005

Electronic Signature of Signing Officer or Director

Date