

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 031 ***150.00

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1. Entity Name
THERMACRAFT FORMING & SIGN CORPORATION



Principal Place of Business
**560 10TH AVENUE SOUTH
SAFETY HARBOR, FL 34695 US**

Mailing Address
**560 10TH AVENUE SOUTH
SAFETY HARBOR, FL 34695 US**

50012857



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
13-4253646

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURL, EVELYN
560 10TH AVE SOUTH
SAFETY HARBOR, FL 34695**

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, 2005 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 **PD** ☒ Delete
NAME **SMILEY, KIM B**
STREET ADDRESS **4016 ROLLING OAK DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **CURL, GARRETT L**
STREET ADDRESS **605 SHORE DRIVE EAST**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **VP/S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **CURL, EVELYN**
STREET ADDRESS **605 SHORE DRIVE EAST**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **P/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Evelyn Curl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05 *727-797-4611*
Date Daytime Phone #