

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90233 001 \*\*\*150.00  
05-04-2004 90233 002 \*\*\*\*\*8.75

**DOCUMENT # P03000096666**

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



Principal Place of Business  
**400 S FIRST ST UNIT B  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**P.O. BOX 24813  
LEXINGTON, KY 40504**

2. Principal Place of Business  
**400 S FIRST ST UNIT B**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 24813**  
Suite, Apt. #, etc.



04142004 Chg-P CR2E034 (10/03)

City & State  
**Jacksonville FL 32250**  
Zip  
**32250**  
Country  
**US**

City & State  
**Lexington KY 40524**  
Zip  
**40524**  
Country  
**US**

4. FBI Number  
**20 0283639**  
Applied For  
☒ Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST  
4TH FLOOR  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
**Jason Thor**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 S First St Unit B**  
City  
**Jacksonville** **FL** Zip Code  
**32250**

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: **Jason Thor** **Jason Thor** **4/27/04**  
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          | PSTD                         | <input type="checkbox"/> Delete |
| NAME           | THORT, JASON E               |                                 |
| STREET ADDRESS | 400 S FIRST ST UNIT B        |                                 |
| CITY-ST-ZIP    | JACKSONVILLE BEACH, FL 32250 |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**Jason Thor**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/04** **859-221-4144**  
Date Daytime Phone #