

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG -9 AM 10: 06

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000115132

1. Entity Name  
THOMPSON AUTO OF MONTICELLO, INC.



Principal Place of Business  
385 N. CHERRY ST.  
MONTICELLO, FL 32344

Mailing Address  
385 N. CHERRY ST.  
MONTICELLO, FL 32344

2. Principal Place of Business  
385 N. CHERRY ST.  
Suite, Apt. #, etc.

3. Mailing Address  
385 N. CHERRY ST.  
Suite, Apt. #, etc.



08092004 Chg-P CR2E034 (10/03)

City & State  
MONTICELLO  
Zip  
32344  
Country U.S.

City & State  
MONTICELLO FL  
Zip  
32344  
Country U.S.

4. FEI Number  
43-2008954  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
THOMPSON, HOPKINS T JR.  
385 N. CHERRY ST.  
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, HOPKINS T JR.	
STREET ADDRESS	385 N. CHERRY ST.	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, ORIENTHIA J	
STREET ADDRESS	374 PINNEYWOOD RD.	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, BURNETTE C	
STREET ADDRESS	374 PINNEYWOOD RD.	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, HOPKINS T SR.	
STREET ADDRESS	374 PINNEYWOOD RD.	
CITY-ST-ZIP	MONTICELLO, FL 32344	
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		

200040255302  
08/17/04--01066--025 \*\*150.00

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: Hopkins T Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-04  
Date

850-545-7610  
Daytime Phone #