

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 035 ***150.00

DOCUMENT # P03000123125

1. Entity Name
THSH INC.



Principal Place of Business
**4703 WOOD DUCK WAY
HENDERSONVILLE, NC 28792**

Mailing Address
**4703 WOOD DUCK WAY
HENDERSONVILLE, NC 28792**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
90-0130784

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

**HORAN, WILLIAM T JR
1076 KENSINGTON PK CT #104
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name **Quay Burket**
Street Address (P.O. Box Number is Not Acceptable)
577 S. Indigo Rd
City **Altamonte Springs** FL Zip Code **32714**

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

Quay Burket

Signature, typed or printed name of registered agent and title if applicable.

Quay Burket

(NOTE: Registered Agent signature required when reinstating)

4/4/05

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

TITLE **P** ☐ Delete
NAME **HORAN, WILLIAM T JR.**
STREET ADDRESS **4703 WOOD DUCK WAY**
CITY-ST-ZIP **HENDERSONVILLE, NC 28792**

TITLE **V** ☐ Delete
NAME **HORAN, SONJA H**
STREET ADDRESS **4703 WOOD DUCK WAY**
CITY-ST-ZIP **HENDERSONVILLE, NC 28792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Sonja H. Horan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONJA H. HORAN

4/8/05 828-243-7745

Date Daytime Phone #