## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90185 014 \*\*\*150.00

Signature   Sign	1. Entity Nam	MENT # P03000123 THOMPSON, P.A.	3466				90185 014 ***150	0.00
461 SANDY CAY DR MIRIMAR BEACH, FL 32550  2. Principal Place of Business - Not P.O. Box # 3. Mailing Address S  Suite. Agus, 4, etc.   Suite. Agus, 4, etc.   O1212008 ChgP. CR2E034 (12/06)  Coy & State   Country   Zip   Country   S. Certification of Status Desired   SATS Address   Country   S. Certification of Status Desired   SATS Address   Satural Desired   SATS Address   SA	Principal Place	e of Business	Mailing Address	<u> </u>	— 4 <b>∪</b> ∪	36213		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   O1212008   Chg.P   CR2E034 (12/06)	461 SANDY CAY DR		461 SANDY CAY DR		F 3 W W ( W W ) 2 ( )		TI IIII KOTS IKU <b>JI</b> IN SHK TI	16 <b>0</b> 1 (1 178)
City & State  Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
20-0382478 Not Applica  Zip Country Sip Country S. Continues of Status Desired St. 75. Additional Foe Required  6. Name and Address of Current Registered Agent  INGAM, DOUGLAS T JR S12 S PAN D STE E NICEVILLE, FL 32578  8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accet the obligations of registered agent.  SIGNATURE  SIGNATURES  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIG	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008	Chg-P	CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  1. Name and Addre	City & State		City & State				<del>  -  </del>	plied For t Applicable
INGAM, DOUGLAS T JR 912 S PAN D STE E NICEVILLE, FL 32578  8. The above named entity submist his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familist with, and acceptable)  FL 2000  8. The above named entity submist his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familist with, and acceptable to the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Compagin Financing Add to Fees Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  9. Election Campagin Financing Add to Fees Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND	Zip	Country	Zip	Country	5. Certificate of	of Status Desired		
### PILE NOWITH: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  TITLE MAME STREET ADDRESS OTH-\$1-72-72  TITLE MAME STREET ADDRESS STREET ADDRESS OTH-\$1-72-72  TITLE MAME STREET ADDRESS		6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	legistered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. It am familiar with, and accerding to the obligations of registered agent.    SIGNATURE	912 S PAN	IDSTEE		1111/2 1111/23	A Trong	Daylor Acceptable	e)	
THE NOWIL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  TO STREET ADDRESS CITY-ST-ZP  TITLE NAME STR		•		MWAW	ar Pran	<u> </u>	FL 2000	がり
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  Added to Fees  Added to Fees  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PHOMPSON, JULIA A SIREET ADDRESS AG1 SANDY CAY DR MIRAMAR BEACH, FL 32550  TITLE NAME SIREET ADDRESS CITY-57-ZIP  TITLE NAME SIREET ADDRESS CITY-57-ZIP NAME SIREET ADDRESS CITY-57-ZIP  TITLE NAME SIREET ADDRESS CITY-57-ZIP NAME SIREET ADDRESS CITY-57-ZIP  TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-57-ZIP NAME SIREET ADDRESS SIRE			f 9. Election Camp	aign Financing	\$5.00 May Be		1/28/0	08
TITLE    MAME	After M	ay 1, 2008 Fee will be \$550						
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NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
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31.0.0	NAME		☐ Delete	NAME			☐ Change	Addition

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: