

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000126585**

1. Entity Name  
**J. THOR PRODUCTIONS, INC.**



Principal Place of Business  
**2350 22ND STREET NORTH  
ST. PETERSBURG, FL 33713**

Mailing Address  
**2350 22ND STREET NORTH  
ST. PETERSBURG, FL 33713**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>86-1086331</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GOGOLEN, JASON T  
2757 YORK STREET NORTH  
ST. PETERSBURG, FL 33710**

**DO NOT WRITE  
IN THIS SPACE**

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 **1/3/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GOGOLEN, JASON T
STREET ADDRESS	2757 YORK STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710

TITLE	
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CITY-ST-ZIP	

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1100001579371  
01/10/07-80028-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **727-824-5885**