

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90052 022 ***150.00

DOCUMENT # P03000127407			
1. Entity Name THOMAS W. THOMPSON, INC.			
Principal Place of Business 1205 N LAKE AVE AVON PARK, FL 33825		Mailing Address 1205 N LAKE AVE AVON PARK, FL 33825	
2. Principal Place of Business 205 N LAKE AVE		3. Mailing Address 205 N LAKE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AVON PARK		City & State AVON PARK FL	
Zip FL33825		Country HIGHLANDS	
4. FEI Number 20-0607800		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, THOMAS W 1205 N LAKE AVE AVON PARK, FL 33825		7. Name and Address of New Registered Agent Name: THOMPSON THOMAS W Street Address (P.O. Box Number is Not Acceptable): 205 N LAKE AVE City: AVON PARK FL Zip Code: 33825	
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: <i>Thomas W Thompson</i> DATE: 2-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: THOMPSON, THOMAS W STREET ADDRESS: 1205 N LAKE AVE CITY-ST-ZIP: AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE: PD NAME: THOMPSON THOMAS W STREET ADDRESS: 205 N LAKE AVE CITY-ST-ZIP: AVON PARK FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: HANDS, ANTHONY STREET ADDRESS: 321 E MCHALRAY CITY-ST-ZIP: AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE: VPD NAME: HANDS ANTHONY STREET ADDRESS: 205 N LAKE AVE CITY-ST-ZIP: AVON PARK FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Thomas W Thompson</i> THOMAS W THOMPSON 2-11-05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			