

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

01-26-2005 90004 025 ***150.00

DOCUMENT # P03000129433 1. Entity Name KEVIN THOMPSON INC.	
---	---

Principal Place of Business 146 17TH AVENUE N. SAINT PETERSBURG, FL 33704-4525	Mailing Address 146 17TH AVENUE N. SAINT PETERSBURG, FL 33704-4525
---	---

DO NOT WRITE IN THIS SPACE

66008279



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0489036	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMPSON, KEVIN
146 17TH AVENUE N.
SAINT PETERSBURG, FL 33704-4525

**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: Kevin Thompson **KEVIN THOMPSON** 2-28-05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing) 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 NAME STREET ADDRESS CITY - ST - ZIP	PO THOMPSON, KEVIN 146 17TH AVENUE N. SAINT PETERSBURG, FL 337044525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kevin Thompson **3-30-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #