

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90029 032 ***150.00

DOCUMENT # P03000141766

1. Entity Name

THOMPSON'S PLASTERING & MASONRY, INC.



Principal Place of Business

1012 8TH STREET WEST
PALMETTO FL 34221

Mailing Address

1012 8TH STREET WEST
PALMETTO FL 34221

2. Principal Place of Business - No P.O. Box #

37773 Boyd Rd

Suite, Apt. #, etc.

3. Mailing Address

37773 Boyd Rd

Suite, Apt. #, etc.

City & State

Myakka City, FL

City & State

Myakka City FL

Zip

34251

Country

Monatee

Zip

34251

Country

Monatee

6. Name and Address of Current Registered Agent

THOMPSON, WALTER
1012 8TH STREET WEST
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name Joan C. Free

Street Address (P.O. Box Number is Not Acceptable)

2211 73rd Ct W

City Bradenton

FL

Zip Code

34209

4. FEI Number 65-0554791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

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 reorganizing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
DPS
THOMPSON, WALTER
1012 8TH STREET WEST
PALMETTO FL 34221 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

3/16/07