

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90053 018 ***150.00

DOCUMENT # P03000142241	
1. Entity Name MICHAEL THOMPSON GENERAL CONTRACTORS, INC.	



Principal Place of Business 6808 N LAGOON DR PANAMA CITY BEACH, FL 32408	Mailing Address 1411 NEW JERSEY AVE. LYNN HAVEN, FL 32444
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50007265

2. Principal Place of Business 1411 NEW JERSEY	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01062005 Chg-P CR2E034 (10/03)

City & State LYNN HAVEN, FL	City & State
Zip 32444	Country

4. FEI Number 20-0467912	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, MICHAEL 6808 N LAGOON DR PANAMA CITY BEACH, FL 32408	7. Name and Address of New Registered Agent Name MICHAEL THOMPSON Street Address (P.O. Box Number is Not Acceptable) 1411 NEW JERSEY AVE City LYNN HAVEN FL 32444
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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 MICHAEL THOMPSON Signature, typed or printed name of registered agent, and title if applicable.	DATE 1-10-05 (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES THOMPSON, MICHAEL L. <input type="checkbox"/> Delete 6808 N. LAGOON DR PANAMA CITY BEACH, FL 32408	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES THOMPSON, MICHAEL L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 1411 NEW JERSEY AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-PR THOMPSON, MICHAEL L. <input type="checkbox"/> Delete 6808 N. LAGOON DR. PANAMA CITY BEACH, FL 32408	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-PRES THOMPSON, MICHAEL L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 1411 NEW JERSEY AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC THOMPSON, CYNTHIA L. <input type="checkbox"/> Delete 6808 N. LAGOON DR. PANAMA CITY BEACH, FL 32408	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC THOMPSON, CYNTHIA L. <input type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 1411 NEW JERSEY AVE LYNN HAVEN, FL 32444
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 an other like empowered.	
SIGNATURE: MICHAEL THOMPSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 850 235-2927 Daytime Phone #