


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 A
Secretary of State

DOCUMENT # P03000142771	
1. Entity Name JIM THOMAS CONTRACTOR INC.	

Principal Place of Business 2024 BRIDAL RD FERNANDINA BCH, FL 32034	Mailing Address 2024 BRIDAL RD FERNANDINA BCH, FL 32034
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02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2422461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMAS, JAMES M
2024 BRIDAL RD
FERNANDINA BEACH, FL 32034**

**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 _____ (NOTE: Registered Agent's signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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

TITLE D	NAME THOMAS, JAMES
STREET ADDRESS 2024 BRIDAL RD	
CITY-ST-ZIP FERNANDINA BCH, FL 32034	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	

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IN THIS SPACE**

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05/02/06-60133-003 150.00

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: James M. Thomas **James M Thomas** **4-17-06** **904-261-7214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #