

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000144588	
1. Entity Name THOMAS-LABOUR-ENTERPRISES, INC.	
Principal Place of Business 5151 THOMAS STABLE RD. SANFORD, FL 32773 US	Mailing Address 5151 THOMAS STABLE RD. SANFORD, FL 32773 US



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2135938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent THOMAS, GAIL Z 5151 THOMAS STABLE RD. SANFORD, FL 32773	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
1100000646656 03/08/07-80043-001 150.00	

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, GAIL Z 5151 THOMAS STABLE RD. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABOUR, SANDRA D 30039 RAINEY RD. SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/07 3236 958