## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000148863

Entity Name: THIBADO & ASSOCIATES, INC.

FILED Jan 14, 2005 Secretary of State

1525 N.ROCK CRESS PATH PO BOX 29

CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34423

Current Mailing Address: New Mailing Address:

1525 N.ROCK CRESS PATH PO BOX 29

CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34423

FEI Number: 51-0490789 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THIBADO, PETER D
THIBADO, PETER D
1525 N.ROCK CRESS PATH
PO BOX 29

CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL 34423 US

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.

SIGNATURE: PETER D. THIBADO 01/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: MR. (X) Change ( ) Addition

Name: THIBADO, PETER D Name: THIBADO, PETER D PRES

Address: 1525 N. ROCK CRESS PATH Address: PO BOX 29

City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34423 US

Title: ( ) Delete Title: MR. ( ) Change (X) Addition

Name: Name: THIBADO, NIKOS T VPRES

Address: Address: PO BOX 29

City-St-Zip: City-St-Zip: CRYSTAL RIVER, FL 34423 US

Title: Title: MS. ( ) Change (X) Addition

Name: Name: THIBADO, LORI A SECY

Address: PO BOX 29

City-St-Zip: City-St-Zip: CRYSTAL RIVER, FL 34423 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER D. THIBADO PRES 01/14/2005