

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90021 013 ***150.00

DOCUMENT# P03000150091					
1. EntityName LEW THOMPSON MANAGEMENT COMPANY					
PrincipalPlaceofBusiness 8575 GULF BOULEVARD #501 NAVARRE, FL 32566			MailingAddress 8575 GULF BOULEVARD #501 NAVARRE, FL 32566		
2. PrincipalPlaceofBusiness		3. MailingAddress 915 Bluffside Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City&State		City&State Huntsville, AR			
Zip	Country	Zip	Country	02232004 Chg-P CR2E034(10/03)	
72740		72740		4. FEINumber 71-0811505	
5. CertificateofStatusDesired ☐				\$8.75 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent CATCHUR, MARK A 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602			7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O. BoxNumberisNotAcceptable) City FL ZipCode		
8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent, orboth, i ntheStateof Florida. Iamfamiliarwith, andaccept theobligationsofregisteredagent.					
SIGNATURE _____ (NOTE: Registered Agentsignaturerequiredwhenre instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. ElectionCampaignFinancing ☐ \$5.00 MayBe TrustFundContribution. AddedtoFees		
10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	D THOMPSON, BOBBY W 8575 GULF BOULEVARD #501 NAVARRE, FL 32566 ☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	President Thompson, Bobby W. 8575 Gulf Boulevard #501 NAVARRE, FL 32566 ☐ Change ☒ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	D THOMPSON, JACKIE 8575 GULF BOULEVARD #501 NAVARRE, FL 32566 ☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	Secretary Thompson, Jackie 8575 Gulf Boulevard #501 NAVARRE, FL 32566 ☐ Change ☒ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	Treasurer Thompson, Josh 8575 Gulf Boulevard, #501 NAVARRE, FL 32566 ☐ Change ☒ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i), FloridaStatutes. Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecute thisreportasrequiredbyChapter607, FloridaStatutes; and thatmynameappearsinBlock 10orBlock 11if changed, oronanattachmentwith anaddress, withallotherlikeempowered.					
SIGNATURE: 			2-24-04 479-738-8850 Date DaytimePhone#		
SIGNATUREANDTYPEDORPRINTEDNAMEOF SIGNING OFFICERORDIRECTOR Jackie Thompson					