


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90019 040 ***150.00

DOCUMENT # P03000157145 1. Entity Name THORMART INC.			
Principal Place of Business 3624 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BCH, FL 32124		Mailing Address 3624 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BCH, FL 32124	
2. Principal Place of Business - No P.O. Box # 28 General Dolittle Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 28 General Dolittle Rd <small>Suite, Apt. #, etc.</small>	
City & State Daytona Beach FL <small>Zip Country</small> 32124 US		City & State Daytona Beach FL <small>Zip Country</small> 32124 US	
4. FEI Number 20-0609028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOR, JOHN 3624 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BCH, FL 32124		7. Name and Address of New Registered Agent Name Thor, John Street Address (P.O. Box Number is Not Acceptable) 28 General Dolittle Rd City Daytona Beach FL <small>Zip Code</small> 32124	
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) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT THOR, JOHN 3624 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BCH, FL 32124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT Thor, John 28 General Dolittle Rd Daytona Beach FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John F. Thor John F. Thor		Date 4/27/07 386-451-5199	

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