2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P04000000539 1. Entity Name THOMAS SUDDARTH, INC. Principal Place of Business Mailing Address P.O. BOX 508 RIVERVIEW FL 33568 3240 42ND AVENUE SE RUSKIN FL 33570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 80-0090718 Not Applicable $Z_{10}$ Country Zισ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUDDARTH, THOMAS Street Address (P.O. Box Number is Not Acceptable) 3240 42ND AVENUE SE RUSKIN FL 33570 City Zip Code 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 colligations of registered agent. SIGNATURE Signature, typod or chared name of registered agent and titls if sciplicable (NOTE: Registered Agent significant required when reinstituing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition Delete SUDDARTH, THOMAS D NAME STREET ADDRESS POST OFFICE BOX 508 STREET ADDRESS U000000335567 CITY-ST-ZIP RIVERVIEW FL 33568 CITY-ST-ZIP 009 **15**0.00 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILLE ☐ Delete THLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY+ST-ZIP ☐ Deiete TITLE TITLE ☐ Change ☐ Addition NAME памг STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+SI-ZIP ☐ Change Addition SIT: F ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 4-27-08 (83)967-3203