

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # P04000005869

1. Entity Name

THRASHER, INC.



Principal Place of Business

5513 CACTUS ST.  
PENSACOLA FL 32503

Mailing Address

5513 CACTUS ST.  
PENSACOLA FL 32503

2. Principal Place of Business

4961 Thoroughbred Dr.  
Suite, Apt. #, etc.

3. Mailing Address

4961 Thoroughbred Dr.  
Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

58-2682452

Applied For

Not Applicable

Zip

32583

Country

USA

Zip

32583

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THRASHER, LLOYD C  
5513 CACTUS ST.  
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name: Thrasher, Lloyd C.

Street Address (P.O. Box Number is Not Acceptable)

4961 Thoroughbred Dr.

City: Milton

FL

Zip Code: 32583

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
NAME: THRASHER, LLOYD C  
STREET ADDRESS: 5513 CACTUS ST.  
CITY-ST-ZIP: PENSACOLA FL 32503

Delete

TITLE: PD  
NAME: THRASHER, LLOYD C  
STREET ADDRESS: 4961 Thoroughbred Dr.  
CITY-ST-ZIP: Milton FL 32583

Change  Address

TITLE: VTD  
NAME: THRASHER, STACIE L  
STREET ADDRESS: 5513 CACTUS ST.  
CITY-ST-ZIP: PENSACOLA FL 32503

Delete

TITLE: VTD  
NAME: THRASHER, STACIE L  
STREET ADDRESS: 4961 Thoroughbred Dr.  
CITY-ST-ZIP: Milton FL 32583

Change  Address

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

12. I hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 850-313-0318

Date

Daytime Phone #

FILED  
Apr 12, 2006 8:00 am  
Secretary of State

04-12-2006 90103 050 \*\*\*158.75