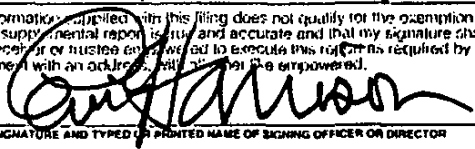


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

03-07-2005 90262 044 ***150.00

DOCUMENT # P04000021650 1. Entity Name: THORNTON CLASSIC MOTORSAILER LEASING, INC.					
Principal Place of Business 901 S OREGON TAMPA, FL 33606			Mailing Address 901 S OREGON TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 320110767	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EDBERG, HUGO C 4307 W ROLAND ST TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL 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 obligations of registered agent. SIGNATURE _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	901 S OREGON		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33606		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	HARRISON, MARGARET T		STREET ADDRESS		
CITY-STATE-ZIP	901 S OREGON TAMPA, FL 33606		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	HARRISON, BRETT T		STREET ADDRESS		
CITY-STATE-ZIP	901 S OREGON TAMPA, FL 33606		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	HARRISON, TRENT C		STREET ADDRESS		
CITY-STATE-ZIP	901 S OREGON TAMPA, FL 33606		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	HARRISON, ALEXIS		STREET ADDRESS		
CITY-STATE-ZIP	901 S OREGON TAMPA, FL 33606		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 on Block 10 or Block 11 if changed, or on an attachment with an address, will, or other authority empowered.					
SIGNATURE:  3/1/05					

ATTACHMENT

6602350

July 28, 2005

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: P04000021650

To Whom It May Concern:

Please accept this letter as request to waive \$400.00 refilling fee for the Annual Report for Thornton Classic Motorsailer leasing, Inc. The original application was filed on time. A correspondence dated March 17 was received requesting additional information and was returned. I am enclosing a copy of that correspondence. Please contact my office at (813) 348-0118 if there are any further questions.

Sincerely,



Eric E. Harrison
President