# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2007**
**Secretary of State**

DOCUMENT# P04000030713

**Entity Name:** THOMAS A. THON, INC

**Current Principal Place of Business:**

201 VERMONT AVE
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

5578 WILE AVE
INTERCESSION CITY, FL 33848 US

**Current Mailing Address:**

201 VERMONT AVE
SAINT CLOUD, FL 34769 US

**New Mailing Address:**

PO BOX 237
INTERCESSION CITY, FL 33848 US

**FEI Number: 20-0785557** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THON, MONICA K
201 VERMONT AVE
SAINT CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

THON, MONICA K
5578 WILE AVE
INTERCESSION CITY, FL 33848 US

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.

SIGNATURE: MONICA K. THON 01/23/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: THON, THOMAS A
Address: 201 VERMONT AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: TREA ( ) Delete
Name: THON, MONICA K
Address: 201 VERMONT AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: SEC ( ) Delete
Name: THON, MONICA K
Address: 201 VERMONT AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: THON, THOMAS A
Address: 5578 WILE AVE
City-St-Zip: INTERCESSION CITY, FL 33848 US

Title: TREA (X) Change ( ) Addition
Name: THON, MONICA K
Address: 5578 WILE AVE
City-St-Zip: INTERCESSION CITY, FL 33848 US

Title: SEC (X) Change ( ) Addition
Name: THON, MONICA K
Address: 5578 WILE AVE
City-St-Zip: INTERCESSION CITY, FL 33848 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA K. THON SEC 01/23/2007
Electronic Signature of Signing Officer or Director Date