

2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P04000050846

1. Entity Name
M & J THORNHILL ENTERPRISES, INC.



FILED
07 MAY 17 PM 3: 34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
715 BLOOM STREET
CELEBRATION, FL 33747

Mailing Address
715 BLOOM STREET
SUITE 130
CELEBRATION, FL 33747



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0901316

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

THORNHILL, MARK
715 BLOOM STREET
CELEBRATION, FL 33747

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
*** After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THORNHILL, MARK
STREET ADDRESS	715 BLOOM STREET
CITY-ST-ZIP	CELEBRATION, FL 33747
TITLE	VP
NAME	THORNHILL, JOHN
STREET ADDRESS	715 BLOOM STREET
CITY-ST-ZIP	CELEBRATION, FL 33747
TITLE	D
NAME	GREGORA, PHILIP
STREET ADDRESS	715 BLOOM STREET
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [Signature] JOHN THORNHILL 04/24/07 407-566-1866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #