

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

150

DOCUMENT # P04000050846

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



Principal Place of Business  
715 BLOOM STREET  
CELEBRATION, FL 33747

Mailing Address  
715 BLOOM STREET  
SUITE 130  
CELEBRATION, FL 33747

FILED

07 MAY 17 PM 3:34

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



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 <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

THORNHILL, MARK  
715 BLOOM STREET  
CELEBRATION, FL 33747

**DO NOT WRITE  
IN THIS SPACE**

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 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  
*025/24*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000103593540  
05/31/07--01007--016 \*\*200.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN THORNHILL

04/24/07

Date

407-566-1866

Daytime Phone #