


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-05-2005 90108 024 ***150.00

DOCUMENT # P04000051477

1. Entity Name
THOMAS CURRY, INC.



Principal Place of Business Mailing Address
 321 SW 64TH AVE 321 SW 64TH AVE
 MARGATE, FL 33068 MARGATE, FL 33068

66020187



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03312005 Chg-P CR2E034 (10/03)

4. FEI Number **77-0594944** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STUPARITZ, ALAN D
900 E ATLANTIC BLVD
SUITE 17
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **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: *[Signature]* DATE: **4/29/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CURRY, THOMAS 321 SW 64TH AVE MARGATE, FL 33068 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN : | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or empowered to execute this report as provided 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 employees.

SIGNATURE: *[Signature]* DATE: **4/29/05** **9542574129**

Signature AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR Date Daytime Phone #