


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90124 019 \*\*\*150.00

**DOCUMENT # P04000065618**

1. Entity Name  
 THOMMES STUDIO INC.



Principal Place of Business  
 6185 S.W. GAINES AVE  
 STUART, FL. 34997 US

Mailing Address  
 6185 S.W. GAINES AVE  
 STUART, FL 34997 . US

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
~~20-1006403~~ 1106403

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMMES, TERRY A  
 6185 S.W. GAINES AVE  
 STUART, FL 34997

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 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 STREET ADDRESS CITY - ST - ZIP	P THOMMES, TERRY A 6185 SW GAINES AVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMMES, BARBARA J 6185 SW GAINES AVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: Jerry G. Thommes 2-10-06 772-286-2386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #