

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103002

Entity Name: UNDER MY THUMB, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

110 W REYNOLDS ST SUITE 217  
PLANT CITY, FL 33563

## New Principal Place of Business:

## Current Mailing Address:

110 W REYNOLDS ST SUITE 217  
PLANT CITY, FL 33563

## New Mailing Address:

5014 CALHOUN ROAD  
PLANT CITY, FL 33567

FEI Number: 20-1670681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, CHRISTINA N  
5014 CALHOUN RD  
PLANT CITY, FL 33567 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete  
Name: JACKSON, CHRISTINA N  
Address: 110 W. REYNOLDS ST SUITE 217  
City-St-Zip: PLANT CITY, FL 33563

Title: DAST ( ) Delete  
Name: JACKSON, WILLIAM W  
Address: 110 W REYNOLDS ST SUITE 217  
City-St-Zip: PLANT CITY, FL 33563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINA N JACKSON

DPTS

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date