

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000112090

Entity Name: THUNDERHOLE, INC.

FILED
Dec 17, 2007
Secretary of State

Current Principal Place of Business:

4835 FLAGLER ESTATES BOULEVARD
HASTING, FL 32145

New Principal Place of Business:

Current Mailing Address:

4835 FLAGLER ESTATES BOULEVARD
HASTING, FL 32145

New Mailing Address:

FEI Number: 20-1443069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, MICHAEL W
4835 FLAGLER ESTATES BOULEVARD
HASTING, FL 32145 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

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ROBERTS, MICHAEL W
Address: 4835 FLAGLER ESTATES BOULEVARD
City-St-Zip: HASTING, FL 32145

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: JONES, BILL J
Address: 2545 ADA ARNOLD RD
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: D () Change (X) Addition
Name: COUTS, GEORGE W
Address: 10550 ERICKSON AVE
City-St-Zip: HASTINGS, FL 32145

Title: D () Change (X) Addition
Name: WICKS, JAMES B
Address: 1046 LORRAINE CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Change (X) Addition
Name: HUNTER, STEPHEN
Address: 13425 GALWAY AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Change (X) Addition
Name: BARRON, ROBERT
Address: 5016 NATURE DR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: MICHAEL W ROBERTS

P

12/17/2007

Electronic Signature of Signing Officer or Director

Date