

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112090

Entity Name: THUNDERHOLE, INC.

FILED  
Jul 14, 2008  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL W ROBERTS

PRES

07/14/2008

Electronic Signature of Signing Officer or Director

Date