2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P04000112090

Entity Name: THUNDERHOLE, INC.

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	(X) Delete
Name:	JONES, BILL J	
Address:	2545 ADA ARNOLD RD	
City-St-Zip:	ST.AUGUSTINE, FL 32092	
Title:	D	(X) Delete
Name:	COUTS, GEORGE W	
Address:	10550 ERICKSON AVE	
City-St-Zip:	HASTINGS, FL 32145	
Title:	D	(X) Delete
Name:	WICKS, JAMES B	
Address:	1046 LORRAINE CT.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	(X) Delete
Name:	HUNTER, STEPHEN	
Address:	13425 GALWAY AVE	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	D	(X) 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 P 03/24/2009

Electronic Signature of Signing Officer or Director — Date