


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90048 020 \*\*\*150.00

<b>DOCUMENT # P04000115510</b>	
<b>1. Entity Name</b> THOMPSON INCORPORATED OF SW FLORIDA	

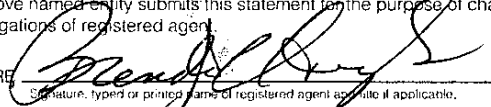
<b>Principal Place of Business</b> 322 GUNNERY ROAD E LEHIGH ACRES FL 33971 US	<b>Mailing Address</b> 322 GUNNERY ROAD E LEHIGH ACRES FL 33971 US
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<b>2. Principal Place of Business</b> 1121 Gretchen Ave S Suite, Apt. #, etc. B	<b>3. Mailing Address</b> 1121 Gretchen Ave S Suite, Apt. #, etc. B
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<b>City &amp; State</b> Lehigh Acres, FL Zip 33971 Country Lee	<b>City &amp; State</b> Lehigh Acres, FL Zip 33971 Country Lee
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<b>4. FEI Number</b> 01-0549473	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> THOMPSON, BRENDA J 322 GUNNERY ROAD E LEHIGH ACRES FL 33971	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> THOMPSON, BRENDA J <b>STREET ADDRESS</b> PO BOX 51063 <b>CITY-ST-ZIP</b> FORT MYERS FL 33994	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> S <input type="checkbox"/> Delete	<b>NAME</b> THOMPSON, ANDREW M SR <b>STREET ADDRESS</b> PO BOX 51063 <b>CITY-ST-ZIP</b> LEHIGH ACRES FL 33936	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> V <input type="checkbox"/> Delete	<b>NAME</b> THOMPSON, MATTHEW A <b>STREET ADDRESS</b> 2913 SW 37TH STREET <b>CITY-ST-ZIP</b> LEHIGH ACRES FL 33936	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> GUNDERSON, HAROLD W <b>STREET ADDRESS</b> 6810 MARNA ROAD <b>CITY-ST-ZIP</b> FT. MYERS FL 33917-8719	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>
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<b>SIGNATURE:</b>  <b>BRENDA THOMPSON</b>	<b>2-2-06</b> <b>239-303-1824</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>