

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/2/2005-90242-001-\$900.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 29 AM 8:56

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| DOCUMENT # P04000122569 | |
| 1. Entry Name J M THOMAS LIMITED INC. | |



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| Principal Place of Business 777 EAST ATLANTIC AVE C-257 DELRAY BEACH FL 33483 | Mailing Address 777 EAST ATLANTIC AVE C-257 DELRAY BEACH FL 33483 |
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| 2. Principal Place of Business 5202 FoxPointe Dr | 3. Mailing Address 5202 FoxPointe Dr |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------|----------------------------|
| City & State Delray | City & State Delray, FL |
| Zip 33446 | Zip 33446 |
| Country P.O. | Country P.O. |



1st MOORE CR2E034 (10/04)

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|---|--|
| 4. FEI Number 16-1600569 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MICHALS, JAY 777 EAST ATLANTIC AVE C-257 DELRAY BEACH FL 33483 | 7. Name and Address of New Registered Agent Name: Thomas Moorehead Street Address (P.O. Box Number is Not Acceptable) 5202 FoxPointe Cir City: Delray FL Zip Code: 33446 |
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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.

SIGNATURE: (NOTE: Registered Agent signature required when re-registering) DATE:

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/ST MOOREHEAD, THOMAS A 2506 CORAL TRACE PLACE DELRAY BEACH FL 33446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowers.

SIGNATURE: DATE: Daytime Phone #: