

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90035 001 *****8.75
08-30-2005 90035 002 ***150.00

DOCUMENT # P04000130354	
1. Entity Name THOMAS BROGDON, INC.	



Principal Place of Business 2010 W. LEEWYNN DRIVE SARASOTA FL 34240	Mailing Address 2010 W. LEEWYNN DRIVE SARASOTA FL 34240
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2. Principal Place of Business 2010 W. LEEWYNN DRIVE Suite, Apt. #, etc.	3. Mailing Address 2010 W. LEEWYNN DR. Suite, Apt. #, etc.
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2nd MOORE CR2E034 (5/05)

City & State SARASOTA, FLORIDA Zip 34240	Country SARASOTA	City & State SARASOTA FLORIDA Zip 34240	Country SARASOTA
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4. FEI Number 80-0122054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAUS, KIMBERLY L 1900 MAIN STREET SUITE 300 SARASOTA FL 34236	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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 BROGDON, THOMAS 2010 W. LEEWYNN DRIVE SARASOTA FL 34240 <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
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 empowered.

SIGNATURE: Thomas Ray Brogdon 8/24/05 941-371-3038

ATTACHMENT

CE6026034
P04 D00130354

AUG. 24, 2005

To Whom It May Concern:

Enclosed please find check #
1007, in the amount of \$150⁰⁰
for the filing fees. Please waive
the \$400- late fees, as I did not
recieve the first notice.

Also enclosed please find check #
1008, in the amount of \$8.75
for a Certificate of Status.

Any questions please call
me @ 941-371-3038.

Thank you,

Thomas Gray Braggden