

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000146163

1. Entity Name
THUNDERWEAR PRODUCTS, INC.



Principal Place of Business

8031 NE 56TH TERR.
GAINESVILLE, FL 32609

Mailing Address

P. O. BOX 372342
SATELLITE BCH, FL 32937-0342



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1649075	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOGARTY, CANDACE A
8031 NE 56TH TERR.
GAINESVILLE, FL 32609

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOGARTY, CANDACE A
STREET ADDRESS	8031 NE 56TH TERR.
CITY-ST-ZIP	GAINESVILLE, FL 32609

TITLE	D
NAME	RODRIGUEZ, AIDA L
STREET ADDRESS	4758 LONGBOW DR.
CITY-ST-ZIP	TITUSVILLE, FL 32796

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/28/08-80043-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Candace A. Fogarty Candace A. Fogarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08 321-693-1319
Date Daytime Phone #