


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # <u>POS000044708</u>	
1. Entity Name <u>Thonotosassa Supply, Inc.</u>	

FILED
11 MAY 13 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <u>11714 US Hwy 301 N</u>	3. Mailing Address <u>P.O. Box 941</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State <u>Thonotosassa, FL</u>	City & State <u>Thonotosassa, FL</u>
Zip <u>33592</u>	Country <u>USA</u>

4. FEI Number <u>204181227</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name <u>Spiegel + Utrera, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1840 SW 22nd St</u>	
<u>4th Floor</u>	
City <u>Miami</u>	FL Zip Code <u>33145</u>

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-instating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
millertrek@aol.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE <u>PSTD</u>	NAME <u>Julia D. Miller</u>
STREET ADDRESS <u>10544 Leland Hawes Rd</u>	
CITY-ST-ZIP <u>Thonotosassa, FL 33592</u>	
TITLE <u>VP</u>	NAME <u>John H. Miller</u>
STREET ADDRESS <u>10602 Leland Hawes Rd</u>	
CITY-ST-ZIP <u>Thonotosassa, FL 33592</u>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/11--01041--024 **150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Julia D. Miller Julia D. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2011
DATE

Daytime Phone #