

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048354

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** THOMAS MING & ASSOCIATES, INC.

**Current Principal Place of Business:**

5499 KEEL DRIVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

13015 THOROUGHbred DRIVE  
DADE CITY, FL 33525

**Current Mailing Address:**

5499 KEEL DRIVE  
PENSACOLA, FL 32507

**New Mailing Address:**

13015 THOROUGHbred DRIVE  
DADE CITY, FL 33525

**FEI Number:** 20-3150480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

L. PAUL SIRMANS, P.A.  
151 REGIONS WAY  
ONE - B  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: MING, THOMAS CEO  
Address: 13015 THOROUGHbred DRIVE  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS MING

CEO

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date