

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064633

FILED
Apr 27, 2006
Secretary of State

Entity Name: THIGPEN OUTSOURCING SOLUTIONS, INC.

Current Principal Place of Business:

218 NORTH FLORIDA STREET
3
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

218 NORTH FLORIDA STREET
3
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 20-2632059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIGPEN, LINDA L
218 NORTH FLORIDA STREET
3
BUSHNELL, FL 33513 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: THIGPEN, MICHAEL L
Address: 7060 MAYFIELD METROPOLIS ROAD
City-St-Zip: WEST PADUCAH, KY 42086

Title: D,VP (X) Delete
Name: THIGPEN, LINDA L
Address: 218 NORTH FLORIDA STREET
City-St-Zip: BUSHNELL, FL 33513

Title: DST (X) Delete
Name: THIGPEN, PAMELA A
Address: 7060MAYFIELD METROPOLIS ROAD
City-St-Zip: WEST PADUCAH, KY 42086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THIGPEN, LINDA L
Address: 218 N. FLORIDA STREET, STE#3
City-St-Zip: BUSHNELL, FL 33513

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA THIGPEN

Electronic Signature of Signing Officer or Director

PRES

04/27/2006

Date