2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 12, 2008 8:00 am Secretary of State

	ACIE L. THOMPSON INC. Ipal Place of Business 20 OLD BAYSHORE RD. I. MYERS, FL 33917 Incipal Place of Business - No P.O. Box # 18120 OLD BAYSHORE RD. I. MYERS, FL 33917 Incipal Place of Business - No P.O. Box # 3. Mailing Address L. MATOR AVENUE N. Incipal Place of Business - No P.O. Box # 3. Mailing Address L. MATOR AVENUE N. Suite, Apt. #, etc. City & State City & State Country Countr					Sec	retary	/ OI St	ate	
DOCUMENT # P05000134690				AST.			.2-2008 9002			
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8. The above	named entity	submits this statement for	or the purpose of changing its		or register	red agent or bot			miliar with	and ac
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	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	Registered Agent sign	nature required	d when reinstating)		DATE		
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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 informational 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE PARIS TON ORD

CITY-ST-ZIP

8/9/2008 (763) 432-6476

2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/12/2008-90024-037-\$150.00-\$150.00

ATTACHMENT

1. Entity Nam	# P05000134 PSON INC.	690			MINUT	INISINI				
Principal Place of Business -10120 OLD BAYSHORE RDN. FT. MYERS, FL. 33917			Mailing Address -18120 OLD BAYSHORE RD. N. FT. MYERS, FL 33917			<u>-</u> ·				
						66016	500			
2. Principal Place of Business - No P.O. Box # 3714 MATOR AVE. NORTH			3. Mailing Address 3914 MAIOR AUE. NORTH			I EROLLA	500			
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55422	չ	Country US A	55-122	Country USR-	.	5. Certificate of Status Desired	S8.75 Ad			
	6. Name	and Address of Current I	Registered Agent	Name		7. Name and Address of New I	<u> </u>			
THOMPSON, TRACIE THOMPSON, DOUGLAS 18120 OLD BAYSHORE RD. 18120 OLD BAYSHORE RI N. FT. MYERS, FL-33917				Street A	Street Address (P.O. Box Number is Not Acceptable)					
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the obligat	tions of regist	endragent CHAN	GING ADDRI	ess only	1	<u>1</u>	-1 -			
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FILE NOWIT FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 12, 2008 Trust Fund Contribution.										
10.		OFFICERS AND I	DIRECTORS	11,		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chepter 119, Floride 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 eath; that I am an officer or director of the corporation or the receiver or truster empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agrees, with all other file empowered.										
SIGNATURE: Tracie Thompson) 8 05/08 5306										

ATTACHMENT

106016500

Tracie Thompson

Tracie L. Thompson Inc. 18120 Old Bayshore Road N. Ft. Myers, FL 33917

RE: Late Annal Report filing # P05000134690

Please accept my apology for my tardiness in filing my annual report for 2008. My business has undergone considerable financial hardship as a result of the severe downturn in the economy of Southwest Florida, and at the time when the report was due, I was unable to pay the required fee.

I was also in the process of moving my business and home location to a new address, which is reflected on the Annual Report form enclosed.

I am enclosing a check for the original filing fee of \$150, and requesting that my late fee be excused in this instance due to my circumstances this year. Please let me know if this is acceptable.

My new contact information is as follows:

Tracie Thompson 3714 Major Ave. North Robbinsdale MN 55422

(239) 980-5306 cell phone (763) 432-6476 home/studio

tracie@traciethompson.com

Thank you so much for your response.

My brother, DouGLAS THOMPSON, NOW lives at 18120 OLD BAYSHORE RD. AND LAS AGREED TO SERVE AS MY REGISTERED AGENT.

I HAVE ALTERED THIS FORM TO REFLECT THAT.

Sincerely,

Pracie Homendon