

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

DOCUMENT # P05000147157

1. Entry Name
THONOTOSASSA MANAGEMENT, INC.



04-06-2006 90031 001 ***150.00
04-06-2006 90031 002 *****8.75

Principal Place of Business Mailing Address
P.O. BOX 291352 P.O. BOX 291352
TAMPA, FL 33687 TAMPA, FL 33687

66008714



2. Principal Place of Business 3. Mailing Address

01042006 Chg-P CR2E034 (11/05)

State Apt # etc Suite, Apt #, etc

City & State City & State

4. FEI Number Applied For
X 51-0561308 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, W CRAIG
4830 W KENNEDY BLVD
SUITE 750
TAMPA, FL 33556

Name DANIEL DAVIS
Street Address (P.O. Box Number is Not Acceptable)
9416 Grandfield Rd unit C
City Thonotosassa FL Zip Code 33592

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 *Daniel Davis*

3-2-2006

Signature typed or printed name of registered agent, not filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, DANIEL P.O. BOX 291352 TAMPA, FL 33687 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Daniel Davis*

3-2-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #