

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05609

FILED
Jan 07, 2005
Secretary of State

Entity Name: THOMPSON & BROCK MANAGEMENT, INC.

Current Principal Place of Business:

2406 RUTH HENTZ AVE.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

PO BOX 15249
PANAMA CITY, FL 324065249

New Mailing Address:

FEI Number: 48-0914649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, DONALD W
2406 RUTH HENTZ AVE.
PANAMA CITY, FL 32405 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: PD () Delete
Name: THOMPSON, GARY G.,
Address: 1783 SEBRING HILLS DR
City-St-Zip: HENDERSON, NV 89052

Title: VSD () Delete
Name: BROCK, ROMMIE H.,
Address: 2639 FEROL LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: CT () Delete
Name: COX, DONALD W.,
Address: 8229 GRAND BAY BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: AS () Delete
Name: BROCK, RICHARD H.,
Address: 154 PALM GROVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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: DONALD W. COX

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01/07/2005

Electronic Signature of Signing Officer or Director

Date