

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017232

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** THOMPSON & CUMMINGS, P.A.

**Current Principal Place of Business:**

324 SOUTH HYDE PARK AVENUE, SUITE 230  
TAMPA, FL 33606 24

**New Principal Place of Business:**

**Current Mailing Address:**

324 SOUTH HYDE PARK AVENUE, SUITE 230  
TAMPA, FL 33606 24

**New Mailing Address:**

FEI Number: 20-4381992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUMMINGS, JOHN R ESQ  
324 SOUTH HYDE PARK AVENUE, SUITE 230  
TAMPA, FL 33606 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: DPT  
Name: THOMPSON, BRIAN L  
Address: 324 SOUTH HYDE PARK AVENUE, SUITE 230  
City-St-Zip: TAMPA, FL 33606 24

Title: DPT  
Name: CUMMINGS, JOHN R  
Address: 324 SOUTH HYDE PARK AVENUE, SUITE 230  
City-St-Zip: TAMPA, FL 33606 24

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: BRIAN L. THOMPSON

DPT

01/06/2012

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

\_\_\_\_\_ Date