


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P06000047556 1. Entity Name TEAM THOMPSON CONSTRUCTION INC |  |
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| | |
|---|---|
| Principal Place of Business 207 WINDRIDGE ST DAVENPORT, FL 33837 US | Mailing Address 3447 21 MILE KENT CITY, MI 49330 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04122008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-4622894 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**THOMPSON, LEON W
207 WINDRIDGE ST
DAVENPORT, FL 33837**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000902467 04/30/08-80007-007 150.00 |
|---|--|--|

10. OFFICERS AND DIRECTORS

| | |
|---------------------|----------------------------|
| TITLE P | THOMPSON, JACOB |
| NAME | |
| STREET ADDRESS | 3447 21 MILE |
| CITY-ST-ZIP | KENT CITY, MI 49330 |
| TITLE VP | THOMPSON, NATHAN |
| NAME | |
| STREET ADDRESS | 3447 21 MILE |
| CITY-ST-ZIP | KENT CITY, MI 49330 |
| TITLE SEC | THOMPSON, LEON |
| NAME | |
| STREET ADDRESS | 207 WINDRIDGE ST |
| CITY-ST-ZIP | DAVENPORT, FL 33837 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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: *Leon Thompson* **Leon Thompson** **4-11-08** **616-893-3827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #