


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90049 021 \*\*\*150.00

**DOCUMENT # P06000059041**

1. Entity Name  
**A.THOMAS CONST. INC.**




Principal Place of Business      Mailing Address  
**1230 BONEFISH CT**      **1230 BONEFISH CT**  
**FORT PIERCE, FL 34949**      **FORT PIERCE, FL 34949**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02202007      Chg-P      CR2E034 (12/06)

4. FEI Number  
**20 478 7605**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FITZPATRICK, FAYE**  
**1230 BONEFISH CT**  
**FORT PIERCE, FL 34949**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature of the registered agent or the filer. If the registered agent is not a natural person, the filer must sign.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, ANDREW R</b>	
STREET ADDRESS	<b>1230 BONEFISH CT</b>	
CITY ST ZIP	<b>FORT PIERCE, FL 34949</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLAIN, JESSE</b>	
STREET ADDRESS	<b>332 NE ARDSLEY DR</b>	
CITY ST ZIP	<b>PORT ST. LUCIE, FL 34983</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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:**  **Andrew R. THOMAS** 772-595-5261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07