

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059041

Entity Name: A.THOMAS CONST. INC.

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

1230 BONEFISH CT  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

1230 BONEFISH CT  
FORT PIERCE, FL 34949

**New Mailing Address:**

FEI Number: 20-4787605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FITZPATRICK, FAYE  
1230 BONEFISH CT  
FORT PIERCE, FL 34949 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: P ( ) Delete  
Name: THOMAS, ANDREW R  
Address: 1230 BONEFISH CT  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP ( ) Delete  
Name: MCCLAIN, JESSE  
Address: 332 NE ARDSLEY DR  
City-St-Zip: PORT ST. LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: ANDREW R THOMAS

PRES

01/16/2008

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

\_\_\_\_\_  
Date