


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90205 012 \*\*\*150.00

**DOCUMENT # P06000060006**

1. Entity Name  
**THRU HIM INC.**



Principal Place of Business  
**3412 CLARK ROAD SUITE 231 SARASOTA, FL 34231 US**

Mailing Address  
**2845 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240 US**

40086500



2. Principal Place of Business - No P.O. Box #  
**1223 TAMiami TRAILS**

3. Mailing Address  
 Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State  
**Sarasota FLORIDA**

City & State

Zip  
**34239** Country  
**USA**

Zip Country

4. FEI Number  
**571236730**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MOCZEK, SHAWN M  
 2845 SARASOTA GOLF CLUB BLVD.  
 SARASOTA, FL 34240**

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 *Shawn M. Moczek* **President Shawn M. Moczek, President 4-30-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOCZEK, SHAWN M</b> <b>2845 SARASOTA GOLF CLUB BLVD.</b> <b>SARASOTA, FL 34240</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Shawn M. Moczek* **President Shawn M. Moczek, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-30-07** Telephone # **3779540**