


**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      Mailing Address

**3412 CLARK ROAD**      **2845 SARASOTA GOLF CLUB BLVD.**  
**SUITE 231**      **SARASOTA, FL 34240 US**  
**SARASOTA, FL 34231 US**

40086500



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

**1223 TAMiami TRAILS**      Suite, Apt. #, etc.

01042007      Chg-P      CR2E034 (12/06)

City & State      City & State

**Sarasota FLORIDA**      **FLORIDA**

Zip      Country      Zip      Country

**34239**      **USA**           **USA**

4. FEI Number      Applied For

**571236730**      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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOCZEK, SHAWN M</b>	
STREET ADDRESS	<b>2845 SARASOTA GOLF CLUB BLVD.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34240</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		
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		
CITY-ST-ZIP		
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		
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: *Shawn M. Moczek, President*      **Shawn M. Moczek, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-30-07**      Telephone #: **377-9540**