## 2007 FOR PROFIT CORPORATION

## Aug 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000124061 08-02-2007 90011 045 \*\*\*150.00 1. Entity Name THING1THING2 INC. Principal Place of Business Mailing Address 779 LUMSDEN BLVD. 5805 MARINER DR. TAMPA, FL 33609 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 07302007 CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 20-5767253 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HATJIOANNOU, JEFFREY T O Box Number is Not Acceptable: Street Address 5805 MARINER DR. TAMPA, FL 33609 a MICO 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 fami the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition HATJIOANNOU, JEFFREY T NAME MAME 5805 MARINER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP Change : ☐ Delete ☐ Addition TITLE TITLE David Depristo 279 Lunsder Blod Annuary EL 33511 DEPRESTO, DAVID MAME NAME STREET ADDRESS 779 LUMSDEN BLVD STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition

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

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davume Phone #

**FILED**