

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90022 018 \*\*\*158.75

<b>DOCUMENT # P06000128494</b> 1. Entity Name <b>CAMMIE J THOMAS. P.A.</b>					
Principal Place of Business <b>365 WEST SILVERTHORN LANE PONTE VEDRA, FL 32081</b>			Mailing Address <b>365 WEST SILVERTHORN LANE PONTE VEDRA, FL 32081</b>		
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	04212008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>22-3944339</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THOMAS, CAMMIE J</b> <b>365 W. SILVERTHORN LN</b> <b>PONTE VEDRA, FL 32081</b>			Name <b>Cammie J. Thomas</b> Street Address (P.O. Box Number is Not Acceptable) <b>365 W Silverthorn LN</b> City <b>Ponte Vedra</b> <b>FL</b> Zip Code <b>32081</b>		
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 <i>Cammie J. Thomas</i> <b>Cammie J. Thomas</b> <b>4-22-08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST</b> <b>THOMAS, CAMMIE J</b> <b>365 WEST SILVERTHORN LANE</b> <b>PONTE VEDRA, FL 32081</b> <input type="checkbox"/> Delete		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 <i>Cammie J. Thomas</i> <b>Cammie J. Thomas</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-22-08</b> <b>904/4228842</b> <small>Date    Daytime Phone #</small>		