

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90019 025 ***150.00



DOCUMENT # P06000137292

1. Entity Name
 THAYER-NOCCO CONCESSIONS, INC.

Principal Place of Business: 8667 SEMINOLE BLVD UNIT 16B SEMINOLE FL 33772 US
 Mailing Address: 8667 SEMINOLE BLVD UNIT 16B SEMINOLE FL 33772 US



2. Principal Place of Business - No P.O. Box #
 8667 SEMINOLE BLVD UNIT 16B
 Suite, Apt. #, etc. 16B
 City & State SEMINOLE FL
 Zip 33772 Country PINELLAS

3. Mailing Address
 8667 SEMINOLE BLVD UNIT 16B
 Suite, Apt. #, etc. 16B
 City & State SEMINOLE FL
 Zip 33772 Country PINELLAS

1st MOORE CR2E034 (10/06)

4. FEI Number 205808233
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 THAYER, HELEN F
 8667 SEMINOLE BLVD UNIT 16B SEMINOLE FL 33772

7. Name and Address of New Registered Agent
 Name: JEFF NOCCO
 Street Address (P.O. Box Number is Not Acceptable): 8667 SEMINOLE BLVD UNIT 16B
 City: SEMINOLE FL Zip Code: 33772

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: *Jeff Nocco*

(NOTE: Registered Agent signature required when reinstating.) DATE: Jan 12 2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: THAYER, HELEN F STREET ADDRESS: 8667 SEMINOLE BLVD UNIT 16B CITY-STATE-ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE: VP NAME: NOCCO, JEFFREY J STREET ADDRESS: 8667 SEMINOLE BLVD UNIT 16B CITY-STATE-ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE: S NAME: THAYER, HELEN F STREET ADDRESS: 8667 SEMINOLE BLVD UNIT 16B CITY-STATE-ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE: T NAME: NOCCO, JEFFREY J STREET ADDRESS: 8667 SEMINOLE BLVD UNIT 16 B CITY-STATE-ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or additional 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: *Jeff Nocco* JEFF NOCCO JAN 1 2007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #