2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State
07-07-2008 90002 036 ***150.00

DOCUMENT # P07000101490

1. Entity Name
TOM THOMASON PLUMBING, INC.

Principal Place of Business	Mailing Address
584 NW 16TH COURT BOCA RATON, FL 33486	584 NW 16TH COURT BOCA RATON, FL 33486

66015540

07022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
584 NW 16 CT		584 NW 16 ct	
Suite, Apt. #, etc. Boca Raton Fl		Suite, Apt. #, etc. Boca Raton Fl	
City & State		City & State	
Zip 33486	Country USA	Zip 33486	Country USA

4. FEI Number 26-089-1059 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMASON, FRANCIS
584 NW 16TH COURT
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name: Francis M Thomason
Street Address (P.O. Box Number is Not Acceptable): 584 NW 16 Ct
City: Boca Raton Fl FL Zip Code 33486

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 Francis M. Thomason [signature] 7/18/08
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D THOMASON, FRANCIS 584 NW 16TH CT. BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Francis M Thomason 7/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #