

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030461

Entity Name: THOMAS CELLULAR, INC

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

532 CENTERWOOD DRIVE  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

532 CENTERWOOD DRIVE  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 26-2243585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GABRO, THOMAS  
532 CENTERWOOD DR  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GABRO, THOMAS  
Address: 532 CENTERWOOD DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS GABRO

P

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date