## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000004893

Entity Name: RON THOMPSON AND ASSOCIATES, INC.

FILED Jul 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

389 PALM COAST PARKWAY SW 210 OLD KINGS RD. S.

SUITE 4 SUITE 900

PALM COAST, FL 32137 FLAGLER BEACH, FL 32136 UN

Current Mailing Address: New Mailing Address:

389 PALM COAST PARKWAY SW 210 OLD KINGS RD. S.

SUITE 4 SUITE 900

PALM COAST, FL 32137 US FLAGLER BEACH, FL 32136 UN

FEI Number: 80-0529495 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

THOMPSON, RON
389 PALM COAST PARKWAY SW
210 OLD KINGS RD. S.

SUITE 4 SUITE 900
PALM COAST, FL 32137 US FLAGLER BEACH, FL 32136 US

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: 07/25/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: I

Name: THOMPSON, RON

Address: 210 OLD KINGS RD. S., SUITE 900 City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP

Name: THOMPSON, RON

Address: 210 OLD KINGS RD. S., SUITE 900 City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: S

Name: THOMPSON, RON

Address: 210 OLD KINGS RD. S., SUITE 900

City-St-Zip: FLAGLER, FL 32136 US

Title: T

Name: THOMPSON, RON

Address: 210 OLD KINGS RD. S., SUITE 900 City-St-Zip: FLAGLER BEACH, FL 32136 US

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: RON THOMPSON P 07/25/2011