

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010520

Entity Name: THA, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

3100 PORT CHARLOTTE BLVD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3100 PORT CHARLOTTE BLVD
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0461157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIDMEYER, STEPHAN B
3417-F TAMiami TRAIL
PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALPERN, MICHAEL C DDS
Address: 3100 PORT CHARLOTTE BLVD
City-St-Zip: PORT CHARLOTTE, FL

Title: V () Delete
Name: NUELLE, DOUGLAS
Address: 2855 OLD HIGHWAY #5
City-St-Zip: BLUE RIDGE, GA 30513

Title: ST () Delete
Name: BRANDON, RALPH
Address: 302 NESBIT ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: ALPERN, ADA HINDA
Address: 3100 PORT CHARLOTTE BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADA HINDA ALPERN

T

04/28/2004

Electronic Signature of Signing Officer or Director

Date