# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 03, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P93000023581

1. Entity Name
THOMAS HOME CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 3050 HWY. 95A SOUTH<br>CONTONMENT, FL 32533 US | 3050 HWY. 95A SOUTH<br>CANTONMENT, FL 32533 US |

07272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3174594
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY, THOMAS
973 BROKEN ARROW LANE
CANTONMENT, FL 32533

**DO NOT WRITE IN THIS SPACE**

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 _____
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 7, 2005**

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

| | |
|---|---|
| TITLE | P |
| NAME | HENRY, THOMAS |
| STREET ADDRESS | 973 BROKEN ARROW LANE |
| CITY-ST-ZIP | CANTONMENT, FL 32533 |
| TITLE | ST |
| NAME | HENRY, SUSAN |
| STREET ADDRESS | 973 BROKEN ARROW LANE |
| CITY-ST-ZIP | CANTONMENT, FL 32533 |
| TITLE | VP |
| NAME | QUINA, JOHN |
| STREET ADDRESS | 2125 DOVE FIELD DR |
| CITY-ST-ZIP | PENSACOLA, FL 32534 |
| TITLE | VP |
| NAME | EDWARDS, CATHY |
| STREET ADDRESS | 4682 WINTERDALE |
| CITY-ST-ZIP | PACE, FL 32571 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/03/05-80003-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** _____ 7-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #