## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jan 25, 2007 8:00 am
Secretary of State

DOCUMENT # P9300066592  1. Entity Name THORNWOOD MANAGEMENT CORPORATION					01-25-2007 90058 046 ***150.00				
Principal Plac 40 ISLAND E PALM COAST	STATES PKWY		Mailing Address 40 ISLAND ESTATES PKWY PALM COAST, FL 32137 US		บบบบา ั				
2. Principal P	Place of Business - No P.O Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Numb			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name and Address of Curre		7. Name and Address of New Registered Agent						
OWEEE	THOMAS		Name						
O'KEEFE, THOMAS 40 ISLAND ESTATES PKWY PALM COAST, FL 32137			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
						FL	Zip Code	e	
	named entity submits this statement ions of registered agent.  Signature typed or prived name of registered age				th, in the State of Flo	orida. I am fa	miliar with,	and accept	
	and remainded the control of the con	ent and the c applicable (IV)	OTE Registered Agent signature requ	ared when renstating)	<del></del>	UATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Co		55.00 May Be added to Fees					
10.		ID DIRECTORS  Delete	11.	ADDITIONS	CHANGES TO OFF				
MAME NAME	DP O'KEEFE, THOMAS	TITLE NAME				Change	Addition		
STREET ADDRESS	•		STREET ADORESS						
CITY-ST-ZIP	PALM COAST, FL 32137								
TITLE	DST	☐ Delete	TITLE				Change	Addition	
NAME	O'KEEFE, BARBARA	NAME							
STREET ADDRESS CITY - ST - ZIP	40 ISLAND ESTATES PKWY PALM COAST, FL 32137	STREET ADDRESS City-St-ZIP							
TITLE	TALM CONCLITE SETON	Delete	TITLE	•			☐ Change	Addition	
IsaME		LI Delete	NAME				Gridings		
STREET ADDRESS			STREET ADDRESS						
CHY+ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					
TITLE NAME		Delete	TITLE			;	☐ Change	Addition	
STREET ADDRESS		•	NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
THE		☐ Delete	mile	, , , , , , , , , , , , , , , , , , , ,			Change	Addition	
NAME			NAME						
STREET ADDRESS CITY - ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
		ET A.C.					☐ Change	Addition	
TIFLE NAME		Delete	TITLE				TI CHREES	☐ ¥0ei⊓gs	
STREET ADDRESS			STREET ADDRESS						
CITY - ST-ZIP			CITY-ST-ZIP "			<u> </u>			
indicated of the cor	certify that the information supplied w     on this report or supplemental regula-     poration or the receiver or trustee en     cr on an attachment with an addres	t is true and accurate and tha npowered to execute this repo	for the exemptions contain t my signature shall have the ort as required by Chapter I	he same legal effe	ct as if made under	oath; that I ar	n an officer	or director	