


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000050996
 1. Entity Name
THOMPSON BUILDERS, INC.



Principal Place of Business Mailing Address
1411 N.E. 12TH PLACE **1411 N.E. 12TH PLACE**
CAPE CORAL, FL 33909 **CAPE CORAL, FL 33909**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0517149 Not Applicable

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

6. Name and Address of Current Registered Agent
THOMPSON, DAVID N
1411 N.E. 12TH PLACE
CAPE CORAL, FL 33909

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC THOMPSON, DAVID N 1411 N.E. 12TH PLACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, SUE A. 1411 NE 12 PL CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, JODI E. T 3236 SE SANTA BARBARA PLACE CAPE CORAL, FL 33904
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 01/11/06-80065-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David N. Thompson PRES. DAVID N. THOMPSON 1/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #