


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 023 ***150.00

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

Principal Place of Business 1411 N.E. 12TH PLACE CAPE CORAL FL 33909	Mailing Address 1411 N.E. 12TH PLACE CAPE CORAL FL 33909
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 65-0517149	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, DAVID N 1411 N.E. 12TH PLACE CAPE CORAL FL 33909		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
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
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC THOMPSON, DAVID N 1411 N.E. 12TH PLACE CAPE CORAL FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, SUE A. 1411 NE 12 PL CAPE CORAL FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, JODI E. T. 3236 SE SANTA BARBARA PLACE CAPE CORAL FL 33904	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARKE, JODI E. T. 3236 SE SANTA BARBARA PLACE CAPE CORAL FL 33904	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, JODI E. T. 8656 ABRAHAM LANE KNOXVILLE, TN 37931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARKE, JODI E. T. 8656 ABRAHAM LANE KNOXVILLE, TN 37931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* **PRESIDENT** 2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #