

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050996

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: THOMPSON BUILDERS, INC.

**Current Principal Place of Business:**

1411 N.E. 12TH PLACE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

1411 N.E. 12TH PLACE  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 65-0517149      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

THOMPSON, DAVID N  
1411 N.E. 12TH PLACE  
CAPE CORAL, FL 33909      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: PC ( ) Delete  
Name: THOMPSON, DAVID N  
Address: 1411 N.E. 12TH PLACE  
City-St-Zip: CAPE CORAL, FL

Title: VPD ( ) Delete  
Name: THOMPSON, SUE A.  
Address: 1411 NE 12 PL  
City-St-Zip: CAPE CORAL, FL

Title: S ( ) Delete  
Name: CLARKE, JODI E. T  
Address: 8656 ABRAHAM LN  
City-St-Zip: KNOXVILLE, TN 37931

Title: T ( ) Delete  
Name: CLARKE, JODI E. T  
Address: 8656 ABRAHAM LN  
City-St-Zip: KNOXVILLE, TN 37931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PC (X) Change ( ) Addition  
Name: THOMPSON, DAVID N  
Address: 1411 N.E. 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: VPD (X) Change ( ) Addition  
Name: THOMPSON, SUE A.  
Address: 1411 NE 12 PL  
City-St-Zip: CAPE CORAL, FL 33909

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

Title: T (X) Change ( ) Addition  
Name: CLARKE, JODI E. T  
Address: 8656 ABRAHAM LN  
City-St-Zip: KNOXVILLE, TN 37931

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID N. THOMPSON

PC

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date