

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90302 040 \*\*\*150.00

**DOCUMENT # P94000055540**

1. Entity Name  
**D.R. THOMAS & ASSOCIATES, INC.**



Principal Place of Business  
**10423 CURRY PALM LANE  
FORT MYERS, FL 33912**

Mailing Address  
**1007 N FEDERAL HWY  
# 309  
FT LAUDERDALE, FL 33304**

40088135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0511055**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**THOMAS, DONALD R  
10423 CURRY PALM LANE  
FORT MYERS, FL 33912**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 *Donald R. Thomas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*May 02, 2006*

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME THOMAS, DONALD R ☐ Delete  
STREET ADDRESS 10423 CURRY PALM LANE  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Donald R. Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD R. THOMAS**

*May 02, 2006*

Date

*954 609 5923*

Daytime Phone: #

ATTACHMENT  
40088135

MAY 2, 2006

D R THOMAS & ASSOCIATES, INC.  
10423 CURRY PALM LANE  
FT. MYERS, FL 33912

P94-000055540

65-0511055

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION ANNUAL REPORT  
FOR 2006.

THIS FORM WAS NOT FILED PRIOR TO MAY 1st 2006  
BECAUSE WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD  
ALLOW THE FORM TO BE FILED NOW WITHOUT A PENALTY". ENCLOSED IS  
A CHECK FOR \$ 150.00.

THANK YOU VERY MUCH.

VERY TRULY YOURS,  
D R THOMAS & ASSOCIATES, INC.



By: DONALD THOMAS, PRESIDENT