


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90354 046 ***150.00

DOCUMENT # P94000076303	
1. Entity Name THOMAS HOMES, INC.	

Principal Place of Business 1977 DUNDEE DRIVE WINTER PARK FL 32792	Mailing Address 1977 DUNDEE DRIVE WINTER PARK FL 32792
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2. Principal Place of Business <i>2431 Aloma Avenue Ste. 215</i>	3. Mailing Address <i>2431 Aloma Avenue Ste 215</i>
Suite, Apt. #, etc. <i>Ste 215</i>	Suite, Apt. #, etc. <i>Ste 215</i>

City & State <i>Winter Park</i>	City & State <i>Winter Park</i>
Zip <i>FL</i>	Country <i>USA</i>
Zip <i>32792</i>	Country <i>USA</i>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SHEPHERD, THOMAS H 1977 DUNDEE DRIVE WINTER PARK FL 32792		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2431 Aloma Avenue Ste 215</i> City <i>Winter Park</i> FL Zip Code <i>32792</i>	
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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, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHERD, THOMAS H 1977 DUNDEE DRIVE WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2431 Aloma Avenue Ste 215</i> <i>Winter Park, FL 32792</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____