


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90098 005 ***150.00

DOCUMENT # P94000076303

1. Entity Name
THOMAS HOMES, INC.



Principal Place of Business 2431 ALOMA AVE. STE. 215 WINTER PARK FL 32792	Mailing Address 2431 ALOMA AVE. STE. 215 WINTER PARK FL 32792
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2. Principal Place of Business <i>11044 N Canada Ridge Dr.</i> Suite, Apt. #, etc. <i>Ord Valley AZ 85737</i> City & State	3. Mailing Address <i>Dr.</i> Suite, Apt. #, etc. <i>SAME</i> City & State
Zip Country <i>ima</i>	Zip Country <i>USA</i>

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

SHEPHERD, THOMAS H ✓
2431 ALOMA AVE.
STE. 215
WINTER PARK FL 32792

4. FEI Number **65-0525365** Applied For Not Applicable

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

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 *Thomas Shepherd* (B) 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHEPHERD, THOMAS H 2431 ALOMA AVE., STE. 215 WINTER PARK FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11044 N Canada Ridge Dr</i> <input type="checkbox"/> Delete <i>Ord Valley AZ 85737</i>	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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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: *Thomas Shepherd* *Thomas Shepherd* **4-29-05** ⁵²⁰ **205-2006**
Signature and typed or printed name of signing officer or director Date Daytime Phone #