

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000010453

1. Entity Name  
 THUMAN ENTERPRISES INC.



Principal Place of Business  
 3536 IRISH LANE  
 PORT ORANGE, FL 32119

Mailing Address  
 3536 IRISH LANE  
 PORT ORANGE, FL 32119



03182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3295142 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

THUMAN, DEBRA A  
 3536 IRISH LANE  
 PORT ORANGE, FL 32119

**DO NOT WRITE IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1000000278014  
 03/28/05-80009-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	THUMAN, DONALD
STREET ADDRESS	3536 IRISH LANE
CITY - ST - ZIP	PORT ORANGE, FL 32119
TITLE	T
NAME	THUMAN, DEBRA
STREET ADDRESS	3536 IRISH LANE
CITY - ST - ZIP	PORT ORANGE, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Thuman* Donald R. Thuman 3-24-05 (386) 760-6823  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #