


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000010453**

1. Entity Name  
**THUMAN ENTERPRISES INC.**



Principal Place of Business      Mailing Address

**3536 IRISH LANE**                      **3536 IRISH LANE**  
**PORT ORANGE, FL 32119**              **PORT ORANGE, FL 32119**

**DO NOT WRITE IN THIS SPACE**



03282008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3295142**                      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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


U00000941155  
05/28/08-80093-024 150.00

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 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. Thuman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-08**      **(386) 760-6823**  
Date      Daytime Phone #