

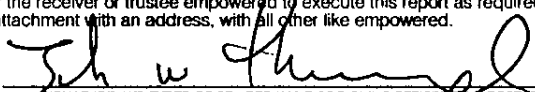


**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000054814</b> 1. Entity Name <b>THURMOND, INC.</b>			
Principal Place of Business <b>1969 BLACKWOOD AVE GOTHA, FL 34734</b>		Mailing Address <b>1969 BLACKWOOD AVE GOTHA, FL 34734</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04132008    No Chg-P    CR2E034 (11/05)	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-3328172</b>	
		Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THURMOND, JOHN W 1969 BLACKWOOD AVE GOTHA, FL 34734</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
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)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		DATE <b>04/30/08-80007-013 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP THURMOND, JOHN W 1969 BLACKWOOD AVE GOTHA, FL 34743	
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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: 		<b>4-15-08 407-291-6984</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	