


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000090302</b> 1. Entity Name W.W. THOMAS JR., INC.	
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Principal Place of Business 9426 BARRINGTON OAKS DR DOVER, FL 33527	Mailing Address PO BOX 280 DOVER, FL 33527
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3348506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  THOMAS, WAYMON W JR. 9426 BARRINGTON OAKS DR DOVER, FL 33527	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, WAYMON W JR. 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, PAULA O 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, AMANDA 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWNING, JENNIFER 1364 HILLVIEW DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/12/05-80015-018 150.00

**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)(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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAULA O THOMAS	1/7/05 (813) 685-2983 Date Daytime Phone #
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