

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90029 026 ***150.00

DOCUMENT # P95000090302

1. Entity Name
W.W. THOMAS JR., INC.



Principal Place of Business
9426 BARRINGTON OAKS DR
DOVER, FL 33527

Mailing Address
PO BOX 280
DOVER, FL 33527

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3348506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WAYMON W JR.
9426 BARRINGTON OAKS DR
DOVER, FL 33527

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, WAYMON W JR.
STREET ADDRESS 9426 BARRINGTON OAKS DRIVE
CITY-ST-ZIP DOVER, FL 33527

TITLE VD
NAME THOMAS, PAULA O
STREET ADDRESS 9426 BARRINGTON OAKS DRIVE
CITY-ST-ZIP DOVER, FL 33527

TITLE D
NAME THOMAS, AMANDA
STREET ADDRESS 9426 BARRINGTON OAKS DRIVE
CITY-ST-ZIP DOVER, FL 33527

TITLE D
NAME BROWNING, JENNIFER
STREET ADDRESS 1364 HILLVIEW DRIVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WAYMON W. THOMAS JR

2/14/06 (813) 685-2983