

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90103 042 ***150.00

DOCUMENT # P95000090302

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



Principal Place of Business
1677 TURNSTONE WAY
CLERMONT, FL 34711

Mailing Address
P.O. BOX 120966
CLERMONT, FL 34712

00004403



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)
1677 Turnstone Way

City
Clermont

FL Zip Code
34711

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☒ Change ☐ Addition
NAME
STREET ADDRESS 1677 Turnstone Way
CITY-ST-ZIP Clermont, FL 34711

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

☒ Change ☐ Addition
NAME
STREET ADDRESS 1677 Turnstone Way
CITY-ST-ZIP Clermont, FL 34711

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

☒ Change ☐ Addition
NAME
STREET ADDRESS 1677 Turnstone Way
CITY-ST-ZIP Clermont, FL 34711

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

☒ Change ☐ Addition
NAME
STREET ADDRESS 3267 NW Princeton Hill Circle
CITY-ST-ZIP Cleveland, TN 37312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Paula O Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 (352)227-9821