

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000056427

FILED
Apr 12, 2003
Secretary of State

Entity Name: THORNTON FINANCIAL CORPORATION

Current Principal Place of Business:

3415 CLYDESDALE DR.
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

3415 CLYDESDALE DR.
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number: 59-3395059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNTON, JAMES
3415 CLYDESDALES DR.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

THORNTON, JAMES W
3415 CLYDESDALES DR.
HOLIDAY, FL 34691 US

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.

SIGNATURE: JAMES W. THORNTON

04/12/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THORNTON, JAMES W
Address: 3415 CLYDESDALE DR
City-St-Zip: HOLIDAY, FL 34691 US

Title: V () Delete
Name: KHARROUBI, KARIM I
Address: 5705 ERHARDT DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIM KHARROUBI

V

04/12/2003

Electronic Signature of Signing Officer or Director

Date