


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000063336
1. Entity Name
EDITH S. THOMPSON, INC.



Principal Place of Business Mailing Address
161 STATE HIGHWAY 83, N. P.O. BOX 1127
DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32435 US



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
62-1674529 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMEY, E. ALLAN
1250 CIRCLE DRIVE.
DEFUNIAK SPRINGS, FL 32433

**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 _____ (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

U00000533361
05/06/06-80121-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, EDITH S 364 PECK CAWTHON ROAD DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WAYNE S 364 PECK CAWTHON ROAD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAREFIELD, CELESTINE T 273 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Edith S. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-06 850-892-4847
Date Daytime Phone #