

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063336

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: EDITH S. THOMPSON, INC.

**Current Principal Place of Business:**

56 SPIRES LANE  
15A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1127  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

FEI Number: 62-1674529      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, EDITH S  
364 PECK CAWTHON RD.  
DEFUNIAK SPRINGS, FL 32435 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THOMPSON, EDITH S  
Address: 364 PECK CAWTHON ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D  
Name: THOMPSON, WAYNE S  
Address: 364 PECK CAWTHON ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VD  
Name: BAREFIELD, CELESTINE T  
Address: 56 SPIRES LANE, 15B  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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 all other like empowered.

SIGNATURE: EDITH S THOMPSON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

04/29/2012

\_\_\_\_\_ Date