


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000068113		
1. Entity Name THOMPSON'S COMPANY OF PENSACOLA		
Principal Place of Business 257 AMBER STREET PENSACOLA, FL 32503 US		Mailing Address 257 AMBER STREET PENSACOLA, FL 32503 US
DO NOT WRITE IN THIS SPACE		
		04212004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3397942		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THOMPSON, PRESTON 257 AMBER STREET PENSACOLA, FL 32503		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000153043 05/04/04-80113-002 300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PRESTON 257 AMBER STREET PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, CONNIE 257 AMBER STREET PENSACOLA, FL 32503	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Connie Thompson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/04 438-6993 Date Day/Time Phone #