

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000071357

Entity Name: THAI HUT, INC.

FILED  
Apr 13, 2007  
Secretary of State

**Current Principal Place of Business:**

5812 SOUTH SECOND STREET  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27116  
TAMPA, FL 336237116 US

**New Mailing Address:**

FEI Number: 59-3397966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WINKLER, MARK E  
5812 S. 2ND STREET  
TAMPA, FL 33611 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WINKLER, MARK E  
Address: 5812 S 2ND ST  
City-St-Zip: TAMPA, FL 33611

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V ( ) Change (X) Addition  
Name: WINKLER, EMON L  
Address: 5812 S 2ND ST  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARK E WINKLER

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04/13/2007

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

\_\_\_\_\_  
Date