

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101292

Entity Name: T.H.C. ENTERPRISES, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

6424 N FLORIDA AVE  
TAMPA, FL 33604 US

## New Principal Place of Business:

## Current Mailing Address:

3341 LAKE SAXON DR  
LAND O LAKES, FL 34639

## New Mailing Address:

FEI Number: 59-3413406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DITTMAN, WILLIAM STEVEN  
3341 LAKE SAXON DR  
LAND O LAKES, FL 34639 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: PD ( ) Delete  
Name: DITTMAN, WILLIAM STEVEN  
Address: 3341 LAKE SAXON DR  
City-St-Zip: LAND O LAKES, FL 34639

Title: SD ( ) Delete  
Name: ROBINSON, MICHELE C  
Address: 8507 WOODBRIDGE BLVD.  
City-St-Zip: TAMPA, FL 33615

Title: TD ( ) Delete  
Name: DITTMAN, GLORIA J  
Address: 3341 LAKE SAXON DR  
City-St-Zip: LAND O LAKES, FL 34639

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: DUNLAP, MICHELE C  
Address: 9218 BRINDLEWOOD DR  
City-St-Zip: ODESSA, FL 33556

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM S DITTMAN

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date