

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000005508

1. Entity Name
KENNETH K. THOMPSON, P.A.



Principal Place of Business
1150 LEE BLVD
SUITE 1A
LEHIGH ACRES, FL 33971 US

Mailing Address
1150 LEE BLVD
SUITE 1A
LEHIGH ACRES, FL 33971 US

FILED
Jan 09, 2006 08:00 AM
Secretary of State



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0917746

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, KENNETH K
1150 LEE BLVD
SUITE 1A
LEHIGH ACRES, FL 33971

**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 _____

Signature typed or printed name of registered agent and title if applicable

(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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMPSON, KENNETH K
STREET ADDRESS 1150 LEE BLVD, SUITE 1A
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000380703
01/11/06-80025-010 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-06 229-369-5664