

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90197 031 \*\*\*150.00

**DOCUMENT # P97000027636**

1. Entity Name  
**THUNDER COMMUNICATIONS, INC.**



Principal Place of Business  
**19120 E. PENNSYLVANIA AVENUE  
B  
DUNNELLON, FL 34432**

Mailing Address  
**P.O. BOX 2727  
DUNNELLON, FL 34430**

4-10000020

2. Principal Place of Business  
**20600 W Pennsylvania Ave  
Suite, Apt. #, etc.  
#2**

3. Mailing Address  
**P.O. Box 2727  
Suite, Apt. #, etc.**



04212004 Chg-P CR2E034 (10/03)

City & State  
**Dunnellon, FL**  
Zip  
**34432** Country  
**Marion**

City & State  
**Dunnellon, FL**  
Zip  
**34430** Country  
**Marion**

4. FEI Number  
**59-3434951** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHITE, DAVID  
16201 SW 57TH STREET  
OCALA, FL 34481**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JEROME 15011 SW. 35TH AVENUE ROAD OCALA, FL 34473	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, DAVID 16201 S.W. 57TH STREET OCALA, FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D'ARVILLE, BRENDA L 19120 EAST PENNSYLVANIA AVENUE DUNNELLEN, FL 34432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** David White **DAVID WHITE** 04/21/04 352-465-2500