

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90039 046 ***150.00

DOCUMENT # P97000032944

1. Entity Name

THOMPSON-MONTGOMERY CAPITAL CORP.



Principal Place of Business

PLEASE NOTE ADDRESS CHANGE
4196 HERSCHEL STREET, SUITE 1
JACKSONVILLE, FLORIDA 32210

Mailing Address

301 RIVERPLACE BLVD.
SUITE 2109
JACKSONVILLE FL 32207



2. Principal Place of Business - No P.O. Box #

4196 HERSCHEL ST

Suite, Apt. #, etc.

SUITE #1

City & State

JACKSONVILLE FL

Zip

32210

Country

USA

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3448750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, CHARLES M

PLEASE NOTE ADDRESS CHANGE
4196 HERSCHEL STREET, SUITE 1
JACKSONVILLE, FLORIDA 32210

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

Charles M. Thompson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CHARLES M	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2109	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	C	<input type="checkbox"/> Delete
NAME	MONTGOMERY, MITCHELL R	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2109	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles M. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. THOMPSON

1-21-07

(904)

346-0204

Date

Daytime Phone #