2005 FOR PROFIT CORPORATION

FILED Apr 14, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P97000066678** THOMAS ENTERPRISES OF TAMPA BAY, INC. Mailing Address Principal Place of Business _ P.O. BOX 17618 11578-A 116 AVENUE NORTH LARGO, FL 33778 US CLEARWATER, FL 33762 A CONTINUE MAINERAL AND A SQUELLA DE MAIN CR2E034 (10/03) 04072005 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3456847 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE THOMAS, RICHARD 11578-A 116 AVE NORTH LARGO, FL 33778 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and litle if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME THOMAS, RICHARD STREET ADDRESS 11578-A 116 AVE BIRTG CITY-ST-ZIP LARGO, FL 33778 0900000303534 04714705-80005-030 150.00 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 seport as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all each provide the component of the corporation of the receiver of trustee empowered.

IE OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE

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