## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000070070

Entity Name: THOMPSON FAMILY PARTNERS, INC.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1309 LANE CIRCLE EAST JACKSONVILLE, FL 32254 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 8779

FLEMING ISLAND, FL 32006 US

FEI Number: 59-3462758 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC 554 LOMAX STREET

JACKSONVILLE, FL 32204 US SUITE 1200

JACKSONVILLE, FL 32202 US

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: G. RAY DRIVER, JR., P 04/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CONTEGA BUSINESS SERVICES, LLC

ONE INDEPENDENT DRIVE

Title: ( ) Delete Title: (X) Change ( ) Addition THOMPSON, MARSHALL H THOMPSON, JR., MARSHALL H Name: Name: 297 RIVERWOOD DRIVE 1309 LANE CIRCLE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: ORANGE PARK, FL 32073

( ) Delete Title: VSTD Title: DVST (X) Change ( ) Addition THOMPSON, SR., DENNIS B Name: Name: THOMPSON, SR., DENNIS B 1309 LANE CIRCLE EAST Address: 6503 RIVER POINT DRIVE Address: JACKSONVILLE, FL 32254 GREEN COVE SPRINGS, FL 32043 City-St-Zip: 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: DENNIS B. THOMPSON, SR. **DVST** 04/27/2009