

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90037 020 ***150.00

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1. Entity Name
BERT THOMAS, A.I.A., P.A.



Principal Place of Business
**314 WINDHORST ROAD
BRANDON, FL 33510**

Mailing Address
**314 WINDHORST ROAD
BRANDON, FL 33510**

20005631



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3478215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, BERTRAM A
314 WINDHORST ROAD
BRANDON, FL 33510**

**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

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

Secretary/Treasurer
(NOTE: Registered Agent signature required when reinstating)

1/26/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PVD
THOMAS, BERTRAM A
314 WINDHORST ROAD
BRANDON, FL 33510**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
THOMAS, VIRGINIA
314 WINDHORST ROAD
BRANDON, FL 33510**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
THOMAS, ANGELA
314 WINDHURST RD
BRANDON, FL 33510**

Angela M. Beanson
(married)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Bertram A. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/05 83-687-6493