

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90003 027 ***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

40021293



02132006 No Chg-P CR2E034 (11/05)

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
BRUNSON, ANGELA M
314 WINDHORST RD
BRANDON, FL 33510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSOCIATE ST
THOMAS, Reagan Emily
314 W. Windhorst Rd
Brandon, FL 33510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

813-689-6493

Daytime Phone #