

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90013 024 ***150.00

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

Principal Place of Business

314 WINDHORST ROAD *West*
BRANDON, FL 33510

Mailing Address

314 WINDHORST ROAD *West*
BRANDON, FL 33510

400000630



01042008 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	THOMAS, BERTRAM A
STREET ADDRESS	314 WINDHORST ROAD
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	ST
NAME	THOMAS, VIRGINIA
STREET ADDRESS	314 WINDHORST ROAD
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	ST
NAME	BRUNSON, ANGELA M
STREET ADDRESS	314 WINDHURST RD
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	ST
NAME	THOMAS, REAGAN E
STREET ADDRESS	314 W WINDSHEEST RD
CITY-ST-ZIP	BRANDON, FL 33510
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 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:

Virginia R Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08

Date

813-689-6493

Daytime Phone #