

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009401

Entity Name: THOMAS-DAVIS, INC.

FILED
May 27, 2004
Secretary of State

Current Principal Place of Business:

105 S NARCISSUS AVE
SUITE #602
WEST PALM BEACH, FL 33402

New Principal Place of Business:

Current Mailing Address:

105 S NARCISSUS AVE
SUITE #602
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0816122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWENCKE, KERRY R
1645 PALM BEACH LAKES BLVD
SUITE 720
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DAVIS, PAUL
Address: 105 S NARCISSUS AVE
City-St-Zip: WEST PALM BEACH, FL 33402

Title: T () Delete
Name: THOMAS, SUSAN
Address: 105 S. NARCISSUS AVE #602
City-St-Zip: WEST PALM BEACH, FL 33402

Title: P () Delete
Name: THOMAS, NORMAN
Address: 105 S NARCISSUS AVE #602
City-St-Zip: WEST PALM BEACH, FL 33402

Title: S () Delete
Name: DAVIS, LINDELL
Address: 105 S. NARCISSUS AVE #602
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: THOMAS, SUSAN
Address: 105 S NARCISSUS AVE, SUITE 600
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: THOMAS, NORMAN
Address: 105 S. NARCISSUS AVE #600
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMAN THOMAS

P

05/27/2004

Electronic Signature of Signing Officer or Director

Date