


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90002 022 \*\*\*150.00

DOCUMENT # P98000035356		
1. Entity Name J. L. THOMPSON, INC.		
Principal Place of Business 8925 GOSPEL ISLAND ROAD INVERNESS, FL 34450	Mailing Address 8925 GOSPEL ISLAND ROAD INVERNESS, FL 34450	

401101--



2. Principal Place of Business - No P.O. Box # <b>2198 Collington Dr.</b>	3. Mailing Address <b>2198 Collington Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>The Villages, FL</b>	City & State <b>The Villages, FL</b>
Zip <b>32162</b>	Zip <b>32162</b>
Country <b>USA</b>	Country <b>USA</b>

08112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2907343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMPSON, JAMES L 8925 GOSPEL ISLAND ROAD INVERNESS, FL 34450	7. Name and Address of New Registered Agent <b>Thompson, James L.</b> <b>2198 Collington Drive</b> <b>The Villages, FL 32162</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James L. Thompson DATE 14 Aug. 08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JAMES L 8925 GOSPEL ISLAND ROAD INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, James L 2198 Collington Drive The Villages, FL 32162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James L. Thompson DATE 14 Aug. 08 (352)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 422-2472