2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# P98000056288

Entity Name: THABIC AND COMPANY

Current Principal Place of Business:

509 OAKHURST ST
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

939 DOLPHIN DRIVE
CAPE CORAL, FL 33904

Current Mailing Address:

509 OAKHURST STREET
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

939 DOLPHIN DRIVE
CAPE CORAL, FL 33904

FEI Number: 59-3528848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYNARD, HARRY K
509 OAKHURST STREET
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

MAYNARD, ARTHUR W
939 DOLPHIN DRIVE
CAPE CORAL, FL 33904 US

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: ART MAYNARD 01/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: COB ( ) Delete
Name: MAYNARD, ARTHUR W
Address: 33 RICKLESSTOWN WAY
City-St-Zip: CHESTERFIELD, NJ 08515

Title: D ( ) Delete
Name: MAYNARD, HARRY K
Address: 5090 OAKHURST ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: MAYNARD, CHRISTOPHOR S
Address: 33 WITHERSPOON STREET
City-St-Zip: PRINCETON, NJ 08542

Title: VP ( ) Change (X) Addition
Name: EVGENIADIS, STACY
Address: 939 DOLPHIN DRIVE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARTHUR W. MAYNARD COB 01/19/2009
Electronic Signature of Signing Officer or Director Date