

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-09-2008 90009 018 ***150.00

DOCUMENT # P98000064667

1. Entity Name

THOMASON PUMP SERVICE, INC.



Principal Place of Business

328 SEMINOLE STREET
FORT WALTON BEACH FL 32547

Mailing Address

328 SEMINOLE STREET
FORT WALTON BEACH FL 32547

2. Principal Place of Business - No P.O. Box #

328 SEMINOLE ST FwB. FL.

3. Mailing Address

328 SEMINOLE ST. FwB FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FwB FL

City & State

FwB FL

Zip

32547

Country

OKALOOSA

Zip

32547

Country

OKALOOSA

4. FEI Number

59-3523819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMASON, SCOTT A
3129 BORDERCREEK RD
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when substituting)

4-20-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME THOMASON, SCOTT A
STREET ADDRESS 3129 BORDERCREEK RD
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

TITLE ST
NAME THOMASON, STACEY D
STREET ADDRESS 3129 BORDERCREEK RD
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-08 (850) 862-4613

Date

Daytime Phone #