2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000066963

1. Entity Name THORNLEY CONSTRUCTION, INC.



FILED
Jan 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3487 W ST BRIDES CIRCLE ORLANDO, FL 32812

3487 WEST SAINT BRIDES CIR. ORLANDO, FL 32812



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3525975

Applied For Not Applicable

5. Certificate of Status Desired

V

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THORNLEY, ROBERT F 3487 WEST SAINT BRIDES CIRCLE ORLANDO, FL 32812

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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).					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financin Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNEY, ROBERT F 3487 W. SAINT BRIDES CIRCLE ORLANDO, FL 32812				U00000582571
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/11/07-80037-003 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			•		

12. Thereby 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: Make

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

407-342-8663

Daytime Phone #