


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90151 037 \*\*\*150.00

**DOCUMENT # P98000078089**

1. Entity Name  
 THAYER & ASSOCIATES, INC.



Principal Place of Business  
 3848 SOUTH FLORIDA AVENUE  
 LAKELAND, FL 33803

Mailing Address  
 3848 SOUTH FLORIDA AVENUE  
 LAKELAND, FL 33803

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



04092006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3530142

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THAYER, ROBERT  
 3915 SHADY OAK DR E  
 LAKELAND, FL 33810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 3932 DUFF RD

City Lakeland FL Zip Code 33810

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]* 4-17-06 DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**FILE NUMBER FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THAYER, ROBERT	
STREET ADDRESS	3915 SHADY OAKS DR EAST	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THAYER, PAULETTE	
STREET ADDRESS	3915 SHADY OAKS DR E	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3932 Duff Rd	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3932 Duff Rd	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 with respect to the public's right to inspect 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 registered business organization to which this report is prepared by Chapter 104, 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]* ROBERT THAYER 4/17/06