

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90235 017 \*\*\*158.75

<b>DOCUMENT # P99000012124</b>					
<b>1. Entity Name</b> THOMAS CONSTRUCTION CO. OF MARATHON, INC.					
<b>Principal Place of Business</b> 637 12TH ST. GULF MARATHON, FL 33050    US			<b>Mailing Address</b> PO BOX 1393 DELRAY BEACH, FL 33447    US		
<b>2. Principal Place of Business</b> 2900 S.E. WAALER ST. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 931 GARDENIA DR. Suite, Apt. #, etc. #468			
<b>City &amp; State</b> STUART, FLORIDA		<b>City &amp; State</b> DELRAY BEACH, FLORIDA		<b>4. FEI Number</b> 65-0894398	
<b>Zip</b> 34997		<b>Country</b> MARTIN		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WIECEK, THOMAS E 8061 WEST MCNAB ROAD TAMARAC, FL 33321			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 2900 S.E. WAALER ST. City <b>STUART</b> <b>FL</b> Zip Code <b>34997</b>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> WIECEK, THOMAS E <b>STREET ADDRESS</b> P O BOX 1393 <b>CITY - ST - ZIP</b> DELRAY BEACH, FL 33447	<input type="checkbox"/> Delete		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 931 GARDENIA DR. #468 <b>STREET ADDRESS</b> DELRAY BEACH, FL 33483 <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MORRIS, ROBERT <b>STREET ADDRESS</b> 637 12TH ST. GULF <b>CITY - ST - ZIP</b> MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 931 GARDENIA DR. #468 <b>STREET ADDRESS</b> DELRAY BEACH, FL 33483 <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> WIECEK, CAROLE L <b>STREET ADDRESS</b> PO BOX 1393 <b>CITY - ST - ZIP</b> DELRAY BEACH, FL 33447	<input type="checkbox"/> Delete		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 931 GARDENIA DR. #468 <b>STREET ADDRESS</b> DELRAY BEACH, FL 33483 <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <b>PRES.</b> <b>2/23/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					