2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000029812

1. Entity Name
THASCO CORPORATION



FILED
Mar 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

4240 TURNER RD. MULBERRY, FL 33860 Mailing Address

4240 TURNER RD. MULBERRY, FL 33860



DO NOT WRITE IN THIS SPACE

03062007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3438067

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTY, ELLIE V 4240 TURNER RD VENUS, FL 33960

DO NOT WRITE IN THIS SPACE

VENUS, F	L 33900	İ		IN ⁻	THIS SPACE	:
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000659965 03/19/07-80007-015	158.75
10. OFFICERS AND DIRECTORS					<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASTY, THOMAS L JR 4240 TURNER RD MULBERRY, FL 33860					
TITLE NAME Street address City-St-Zip	VP HASTY, ELLIE V 4240 TURNER RD MULBERRY, FL 33860					
TITLE NAME						

DO NOT WRITE IN THIS SPACE

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 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:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

Ellie V. Hasty

3607

863-192-0412

Daytime Phone #