

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-09-2005 90035 050 ***150.00

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1. Entity Name
THOMPSON FAMILY MANAGEMENT, INC.



Principal Place of Business
700 WAVECREST DR., UNIT 103
INDIALANTIC, FL 32903

Mailing Address
ATTN: S. RONALD THOMPSON
PO BOX 4200
INDIALANTIC, FL 32903

66009300



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3583039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, S. RONALD
700 WAVECREST DR., UNIT 103
INDIALANTIC, FL 32903

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IN THIS SPACE**

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 S. Ronald Thompson S. Ronald Thompson 3-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, S. RONALD 700 WAVECREST DR., UNIT 103 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, JENNIFER 700 WAVECREST DR., UNIT 103 INDIALANTIC, FL 32903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: S. Ronald Thompson S. Ronald Thompson 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #