2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000049978

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

DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3583039

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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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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
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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