2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				_	Carra	4 C C 4-4-
DOCUMENT # P99000049978				}	Secre	tary of State
THOMPSON FAMILY	MANAGEMENT, I	NC.				
Principal Place of Business Mailing Address 700 WAVECREST DR., UNIT 103 - ATTN: S. RONALD THOMPSON INDIALANTIC, FL 32903 - PO BOX 4200 INDIALANTIC, FL 32903					T 1808 1808 8801 8801 68	335 ma nas asara arang manas s ana arang manas
DO NOT WRITE IN THIS SPA			CE	01252006 No Chg-P CR2E034 (11/05) 4. FEI Number		
THOMPSON, S. RONALD 700 WAVECREST DR., UNIT 103 INDIALANTIC, FL 32903			DO NOT WRITE IN THIS SPACE			
The above named entity sultine obligations of registered SIGNATURE Signature, Special points Si		ypu	ed office or register		th, in the State of Flo	orida. I am lamiliar with, and access DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				00 May Be ed to Fees		
CITY-SI-ZIF INDIALANTIC TITLE ST NAME THOMPSON,	REST DR., UNIT 103 FL 32903 JENNIFER REST DR., UNIT 103	CTORS				
NAME SIREH ADDRESS CITY, ST. 119						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. It 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:

TITLE
NAME
STREET ADDRESS
CNY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ACER OR DIRECTOR

Date

Daytime Phone 1