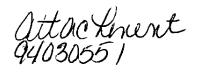
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P99000061822 03-17-2004 90031 049 \*\*\*100.00 1. Entity Name 03-02-2004 90038 027 \*\*\*\*50.00 ANTHONY B. THOMPSON INC. Principal Place of Business Mailing Address 14000001 5655 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 5655 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address AS ABOUE #30x19 Suite Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3587598 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON CT CORPORATION SYSTEM \_ 1200 S. PINE ISLAND RD. PLANTATION EL 33324 WERRITT **JSUAMO** 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 lamillar with, and accept SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Dalate TITLE ☐ Addition Change THOMPSON, ANTHONY B NAME NAME STREET ADDRESS 5655 S. TROPICAL TRAIL STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-76 CITY-ST-ZIP TITLE Delete DILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP HILE Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED Mar 17, 2004 8:00 am





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

March 4, 2004

ANTHONY B. THOMPSON INC. 5655 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

Subject: ANTHONY B. THOMPSON INC.

Reference Number: / 17 / 199000061822...

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/jf ANNUAL REPORTS SECTION