

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000061822

1. Entity Name
ANTHONY B. THOMPSON INC.



Principal Place of Business
5655 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

Mailing Address
5655 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3587598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, ANTHONY B
5655 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

**DO NOT WRITE
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 _____ DATE _____
(Signature of Registered Agent or Registered Agent for the Corporation) (NOTE: Registered Agent for the Corporation is required when changing registered office or registered agent.)

**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	D
NAME	THOMPSON, ANTHONY B
STREET ADDRESS	5655 S. TROPICAL TRAIL
CITY-STATE-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/25/05-80111-023 50.00

**DO NOT WRITE
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)(f), 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: Anthony B Thompson, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2005