


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMPSON, ANTHONY B 5655 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3587598 Applied For Not Applied For

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...			
TITLE	D <input type="checkbox"/> Delete			TITLE			
NAME	THOMPSON, ANTHONY B			NAME			
STREET ADDRESS	5655 S. TROPICAL TRAIL			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP			
							1100000463354 03/21/06-80073-011 150 100
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
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 exemptions contained in Section 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 changed, or on an attachment with an address, with all other like employees.

SIGNATURE: Anthony B. Thompson **ANTHONY B. THOMPSON** **3/8/2006**