

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063962

FILED
Apr 08, 2005
Secretary of State

Entity Name: THUMPER ESTATE SERVICES, INC.

Current Principal Place of Business:

1944 CANAL RD
LAKE WALES, FL 33853

New Principal Place of Business:

1944 CANAL RD
LAKE WALES, FL 33898

Current Mailing Address:

1944 CANAL RD
LAKE WALES, FL 33853

New Mailing Address:

1944 CANAL RD
LAKE WALES, FL 33898

FEI Number: 59-3588303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKELAIT, ROY D
1944 CANAL RD
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

MIKELAIT, PHOEBE A SEC
1944 CANAL RD
LAKE WALES, FL 33898 US

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.

SIGNATURE: PHOEBE A. MIKELAIT

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIKELAIT, ROY D
Address: 1944 CANAL RD
City-St-Zip: LAKE WALES, FL 338989192

Title: VPST () Delete
Name: MIKELAIT, PHOEBE
Address: 1944 CANAL RD
City-St-Zip: LAKE WALES, FL 338989192

Title: VHR (X) Delete
Name: THARLEY, JOHNNY L
Address: 1944 CONAL RD
City-St-Zip: LAKE WALES, FL 338989192

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHOEBE A MIKELAIT

VPST

04/08/2005

Electronic Signature of Signing Officer or Director

Date