

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000063962

1. Entity Name
THUMPER ESTATE SERVICES, INC.



Principal Place of Business
1891 HACKSAW HEIGHTS TRAIL
LAKE WALES, FL 33898 US

Mailing Address
1891 HACKSAW HEIGHTS TRAIL
LAKE WALES, FL 33898 US

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD., SUITE A
DELTONA, FL 33725

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

U00000956227
07/24/08-80004-006 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKELAIT, ROY D 1891 HACKSAW HEIGHTS TRAIL LAKE WALES, FL 338989192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MIKELAIT, PHOEBE A 1891 HACKSAW HEIGHTS TRAIL LAKE WALES, FL 338989192
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phoebe Mikela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/08
Date

863-5284469
Daytime Phone #