

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000063962

1. Entity Name  
THUMPER ESTATE SERVICES, INC.



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

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



07112008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

U000000955227  
07/24/08-80004-006 550.00

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 #