

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000074173

1. Entity Name
B. THOMPSON CONSTRUCTION, INC.



Principal Place of Business
2304 ZOLTANA CIR.
CLERMONT, FL 34711

Mailing Address
1958 BRANTLEY CIRCLE
CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #
2215 Cluster Oaks Drive

3. Mailing Address
2215 Cluster Oaks Drive

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Clermont FL

City & State

Clermont

Zip 34711

Country USA

Zip 34711

Country USA

6. Name and Address of Current Registered Agent

THOMPSON, ROBERT D PRES.
1958 BRANTLEY CIR.
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Blaine Thompson 4-10-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES THOMPSON, ROBERT D 1958 BRANTLEY CIRCLE CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, BLAINE D 415 PALM LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Blaine D Thompson 2304 ZALTANA CR Circle Minneola, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blaine D Thompson 2304 ZALTANA CR Minneola, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Thompson 4-10-2008

Date

Daytime Phone #

**FILED
Apr 23, 2008 8:00 am
Secretary of State**

04-23-2008 90031 011 ***150.00