

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095755

FILED
Jan 09, 2008
Secretary of State

Entity Name: THRASHER SITE DEVELOPMENT, INC.

Current Principal Place of Business:

26968 LOST WOODS CIRCLE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 367672
BONITA SPRINGS, FL 34136

New Mailing Address:

FEI Number: 59-3605889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THRASHER, HAROLD K
36968 LOST WOODS CIRCLE
BONITA SPRINGS, FL 34136 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSVT () Delete
Name: THRASHER, HAROLD K
Address: 36968 LOST WOODS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: THRASHER, HAROLD K
Address: 36968 LOST WOODS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Change (X) Addition
Name: STAFFORD, JO A SEC
Address: 26968 LOST WOODS CIR
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JO ANN STAFFORD

SEC

01/09/2008

Electronic Signature of Signing Officer or Director

Date