


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # <u>P99000102627</u>	
1. Entity Name <u>Thomas Financial Services, Inc.</u> <u>of Leon</u> <u>County</u> <u>Fla</u>	

FILED

06 MAY -1 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>806 Apachee</u> Suite, Apt. #, etc.	3. Mailing Address <u>P.O. Box 20912</u> Suite, Apt. #, etc.
City & State <u>Tallahassee FL</u>	City & State <u>Tallahassee, FL</u>
Zip <u>32301</u>	Country <u>USA</u>
Zip <u>32316</u>	Country

4. FEI Number <u>59-361144</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>ELTON E. Thomas</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>806 Apachee</u>	
<u>Tallahassee</u>	
City <u>FL</u>	Zip Code <u>32301</u>

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 Elton E. Thomas (NOTE: Registered Agent signature required when reinstating) DATE 5-1-06

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>ELTON E. Thomas</u> <u>806 Apachee</u> <u>Tallahassee FL 32301</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700075376927</u> <u>05/26/06--01047--002 **211.25</u>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elton E. Thomas DATE 5-1-06 (850) 602-3935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #