FILED
Apr 12, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S36320

1. Entity Name
R.M. THOMPSON CO.

Principal Place of Business	Mailing Address
1230 SOUTH MYRTLE AVENUE, SUITE 203 STE 301 CLEARWATER, FL 33757 US	P.O BOX 2198 CLEARWATER, FL 33757 US

DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3056100
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAVOIE, TEMPI
1230 S. MYRTLE AVE.
SUITE 301
CLEARWATER, FL 33756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000109672
04/12/04-80053-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MCCARTHY, MICHAEL J
STREET ADDRESS	1230 S MRYTLE AVENUE, STE 301
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	PDTS
NAME	SAVOIE, TEMPI
STREET ADDRESS	1230 S MYRTLE AVE, STE 301
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	C
NAME	SAVOIE, TEMPI
STREET ADDRESS	1230 S MYRTLE AVE, STE 301
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tempi Savoie Tempi Savoie 4/9/04 727-446-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #