


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S36320	
1. Entity Name R.M. THOMPSON CO.	

Principal Place of Business 1230 SOUTH MYRTLE AVENUE, SUITE 203 STE 301 CLEARWATER, FL 33757 US	Mailing Address P.O BOX 2198 CLEARWATER, FL 33757 US
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3056100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 \$150.00 -
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTHY, MICHAEL J 1230 S MYRTLE AVENUE, STE 301 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SAVOIE, TEMPI 1230 S MYRTLE AVE, STE 301 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SAVOIE, TEMPI 1230 S MYRTLE AVE, STE 301 CLEARWATER, FL 33756
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<p>U00000334773 04/27/05-80056-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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 Savoi TEMPI SAVOIE 4/10/05 727-446-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #