

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S49679

Entity Name: J. THAYER COMPANY

FILED  
Jan 11, 2006  
Secretary of State

**Current Principal Place of Business:**

640 S. WASHINGTON BLVD.  
SUITE 175  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5729  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-2295300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

THAYER, JEREMY  
1201 N.E. 77TH STREET  
OCALA, FL 34479 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: DP ( ) Delete  
Name: THAYER, JEREMY,  
Address: 1201 N.E. 77TH STREET  
City-St-Zip: OCALA, FL 34479

Title: V ( ) Delete  
Name: THAYER, JENNIFER,  
Address: 1201 N.E. 77TH STREET  
City-St-Zip: OCALA, FL 34479

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEREMY THAYER

DP

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date