


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 043 ***150.00

DOCUMENT # S57085	
1. Entity Name THOMAS TECHNOLOGIES, INC.	

Principal Place of Business 13350 W COLONIAL DR 350 WINTER GARDEN FL 34786 US	Mailing Address P.O. BOX 770549 WINTER GARDEN FL 34777 US
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2. Principal Place of Business 13350 W Colonial Dr Suite, Apt. #, etc. Suite 350	3. Mailing Address P.O. Box 770549 Suite, Apt. #, etc.
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City & State Winter Garden FL	City & State Winter Garden, FL
Zip 34787	Zip 34787
Country USA	Country USA



MOORE CR2E034 (4/04)

4. FEI Number 59-3067949	<input type="checkbox"/> 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 THOMAS, MICHAEL A 325 PARK COURT WINTER GARDEN FL 34787	7. Name and Address of New Registered Agent Name: Thomas, Michael A Street Address (P.O. Box Number is Not Acceptable): 401 Timbercreek Dr N. City: Winter Garden FL Zip Code: 34787
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME THOMAS, MICHAEL A <input type="checkbox"/> Delete	TITLE P	NAME Thomas, Michael A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 325 PARK COURT	CITY-ST-ZIP WINTER GARDEN FL 34787	STREET ADDRESS 401 Timbercreek Dr Ste 350	CITY-ST-ZIP Winter Garden, FL 34787
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:  **MIKE THOMAS** **7/28/04** **401-877-2266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #