

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S57085

1. Entity Name
THOMAS TECHNOLOGIES, INC.



Principal Place of Business
13350 W COLONIAL DR
350
WINDERMERE, FL 34786 US

Mailing Address
P.O. BOX 770549
WINTER GARDEN, FL 34777 US

FILED
05 JUL 28 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
310 S. DILLARD ST

3. Mailing Address

Suite, Apt. #, etc.
SUITE 100A

Suite, Apt. #, etc.

City & State
WINTER GARDEN, FL

City & State

Zip
34787

Country
US

Zip

Country

07082005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3067949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, MICHAEL A
401 TIMBERCREEK DR N
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME P
STREET ADDRESS THOMAS, MICHAEL A
CITY-ST-ZIP 401 TIMBERCREEK DR N
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME V; m.
STREET ADDRESS THOMAS, Connie K
CITY-ST-ZIP 401 TIMBERCREEK DR N
WINTER GARDEN, FL 34787 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 08/22/05--01065--031 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

MICHAEL A. THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005

Date 407-877-2266