

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S63886	
1. Entity Name T.H.C. FINANCIAL SERVICES, INC.	



Principal Place of Business 3037 BUCKRIDGE TRAIL LOXAHATCHEE FL 33470	Mailing Address P O BOX 885 LOXAHATCHEE FL 33470 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FET Number **65-0318368** Applied For
Not Applied

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PFERDEKEMPER, DR. HORST E 3037 BUCKRIDGE TR LOXAHATCHEE FL 33470		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	PFERDEKEMPER, HORST E		NAME		
STREET ADDRESS	3037 BUCKRIDGE TR		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Add
NAME	PFERDEKEMPER, GISELA		NAME		
STREET ADDRESS	3037 BUCKRIDGE TR		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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02/21/06-80017-010 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Pferdekemper (Pferdekemper) 02/06/06 (561) 753 081