

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 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
---	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0318368		Applied For
		Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PFERDEKEMPER, DR. HORST E 3037 BUCKRIDGE TR LOXAHATCHEE FL 33470	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 *Dr. Horst E. PFERDEKEMPER* (PFERDEKEMPER) DATE 01/31/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TP PFERDEKEMPER, HORST E 3037 BUCKRIDGE TR LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000619321 02/08/07-80066-016 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PFERDEKEMPER, GISELA 3037 BUCKRIDGE TR LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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: *Dr. Horst E. PFERDEKEMPER* (PFERDEKEMPER) DATE 01/31/07 561-753 0819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR