2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM

DOCUMENT # V33678 1. Entity Name THOMPSON-BRIGGS DEVELOPERS, INC.				Secretary of State		
700 SOUTH STE 245	ce of Business I PALAFOX ST. A, FL 32502 US	Mailing Address PO BOX 1172 PENSACOLA, FL 32591 US		 	(# 1614 - 1 614) J ak a III. 2 1014	#1817 #1817 #1817 #1817 #1817#81 17 1 8 81
Г	OO NOT WRITE	CF	03292005	No Chg-P C	R2E034 (10/03)	
	O NOT WHILE	iit tiilo oi A	-/ L-	4. FEI Number 59-313429	99	Applied For Not Applicable
		<u> المراجع المراجع المراجع المحمد المستندل المراجع المحمد المستندل المراجع المحمد المستند</u>	in the same and the same same same same	5. Certificate of S	tatus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	istered Agent		,	==:==================================	
700 SOUT	ON, R. CLARK TH PALAFOX ŠTREET DLA, FL 32501	. 		IOT WRI		
the obligat	e named entity submits this statement for th tions of registered agent.	e purpose of changing its registere	ed office or registere	ed agent, or both, in	the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	iffe if applicable (NOTE, Registered	d Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			 	00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, R. CLARK 700 S. PALAFOX STREET PENSACOLA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, WARREN M. 700 S. PALAFOX STREET PENSACOLA, FL				1702/05-500	753 17-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRI	TE
NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPAC	CE
TITLE NAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filling 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 readiver or frustee 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 attackment with an address, with all other like empowered.

SIGNATURE/

CITY-ST-ZIP THE.

STREET ADDRESS