

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V36541

1. Entity Name
THOMRUH, INC.



Principal Place of Business
**222 LAKEVIEW AVENUE
SUITE 800
W PALM BEACH, FL 33401 US**

Mailing Address
**222 LAKEVIEW AVENUE
SUITE 800
W PALM BEACH, FL 33401 US**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0467615

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UNRUH, HUGO P
222 LAKEVIEW AVE
SUITE 800
W PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	UNRUH, HUGO P
STREET ADDRESS	222 LAKEVIEW AVE SUITE 800
CITY-ST-ZIP	WEST PALM BCH., FL 33401
TITLE	V
NAME	THOMAS, NORMAN
STREET ADDRESS	105 S. NARCISSUS AVE. STE. 602
CITY-ST-ZIP	WEST PALM BCH., FL 33401
TITLE	S
NAME	UNRUH, PATRICIA
STREET ADDRESS	222 LAKEVIEW AVE SUITE 800
CITY-ST-ZIP	WEST PALM BCH, FL 33401
TITLE	T
NAME	SILVA-THOMAS, SUSAN
STREET ADDRESS	105 S. NARCISSUS AVE. STE. 602
CITY-ST-ZIP	WEST PALM BCH., FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000007217
01/20/04-80013-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-04 561 835-8505