


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V36567

1. Entity Name
 THERMAL DYNAMICS INTERNATIONAL, INC.



Principal Place of Business C/O RHONDA MOORE 2070 ANDREA LANE UNIT 3 FORT MYERS, FL 33912	Mailing Address C/O RHONDA MOORE 2070 ANDREA LANE UNIT 3 FORT MYERS, FL 33912
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0366889	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, RHONDA
 2070 ANDREA LANE UNIT 3
 FORT MYERS, FL 33912

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 _____ DATE _____
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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PD PAGE, STEPHEN L. 2070 ANDREA LANE UNIT 3 FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MOORE, RHONDA 2070 ANDREA LANE UNIT 3 FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEISER, JOHN 2070 ANDREA LANE UNIT 3 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/13/04-80040-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rhonda Moore Rhonda Moore 1/6/03 239-415-3601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #