

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083761

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC3135183003**

**Entity Name:** FORD THERMAL GARMENTS INC.

**Current Principal Place of Business:**

5854 RENAULT DRIVE WEST  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

5854 RENAULT DRIVE WEST  
JACKSONVILLE, FL 32244

**FEI Number:** 80-0627122

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORD, ANCIL L  
5854 RENAULT DRIVE WEST  
JACKSONVILLE, FL 32244 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           VP  
Name           FORD, ANCIL L MR.  
Address        5854 RENAULT DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32244

Title           PRESIDENT  
Name           FORD, BURNETTE MRS.  
Address        5854 RENAULT DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32244

Title           CEO  
Name           FORD, BURNETTE  
Address        5854 RENAULT DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32244

Title           DIRECTOR  
Name           ARMSTRONG, CHRISTOPHER T  
Address        5854 RENAULT DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BURNETTE FORD

**CEO&P**

**04/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date