

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000103562

**Entity Name:** THOMAS FULFILLMENT INC

**Current Principal Place of Business:**

6834 28TH STREET CIRCLE EAST  
SUITE A  
SARASOTA, FL 34243

**Current Mailing Address:**

6834 28TH STREET CIRCLE EAST  
STE A  
SARASOTA, FL 34243 US

**FEI Number:** 27-1570745

**Certificate of Status Desired:** No

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

THOMAS, DAVID  
3414 72ND DRIVE E  
SARASOTA, FL 34243 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           | P                  | Title           | VP                |
| Name            | THOMAS, DAVID      | Name            | THOMAS, KATHY     |
| Address         | 3414 72ND STREET E | Address         | 3414 72ND DRIVE E |
| City-State-Zip: | SARASOTA FL 34243  | City-State-Zip: | SARASOTA FL 34243 |

*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:** KATHY THOMAS

VP

04/28/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date