

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

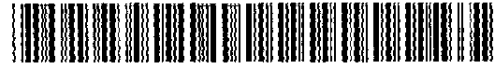
DOCUMENT # 211466

1. Entity Name
 BILL THOMPSON ELECTRIC COMPANY



Principal Place of Business
 49 WEST 7TH ST
 ATLANTIC BEACH, FL 32233 US

Mailing Address
 PO BOX 330150
 ATLANTIC BEACH, FL 32233 US



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0843886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM R., IV
 1836 SEA OATS DR
 ATLANTIC BEACH, FL 32233

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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000421199
 02/16/06-80027-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, WM R, III 381 9TH STREET ATLANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM THOMPSON, WILLIAM R. IV 1836 SEA OATS DR ATLANTIC BEACH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: WR Thompson IV, WR Thompson IV 2/3/06 904-249-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #