


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90368 019 ***150.00

DOCUMENT # P94000038752

1. Entity Name
TOMPKINS PRODUCTIONS, INC.



Principal Place of Business Mailing Address

88 NELKIN RD **88 NELKIN RD**
COLCHESTER CT 06415 **COLCHESTER CT 06415**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For

06-1404561 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

WILLIAM B. TOMPKINS
4964 NW 152ND. LANE
REDDICK FL 32686

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2039 GATOR CREEK RANCH RD

City **LAKELAND** FL Zip Code **33809**

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 *William B Tompkins* WILLIAM B TOMPKINS 4/7/06

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | TOMPKINS, WILLIAM B |
| STREET ADDRESS | 88 NELKIN RD |
| CITY-ST-ZIP | COLCHESTER CT 06415 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | TOMPKINS, JEANNETTE |
| STREET ADDRESS | 88 NELKIN RD |
| CITY-ST-ZIP | COLCHESTER CT 06415 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | TOMPKINS, WILLIAM B |
| STREET ADDRESS | 88 NELKIN RD |
| CITY-ST-ZIP | COLCHESTER CT 06415 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | TOMPKINS, JEANNETTE |
| STREET ADDRESS | 88 NELKIN RD |
| CITY-ST-ZIP | COLCHESTER CT 06415 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William B Tompkins* WILLIAM B TOMPKINS 4/7/06 860-537-2403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #