

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521721

Entity Name: H.L. COMPTON CO.

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

518 US 27 SOUTH  
PO BOX 1185  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

518 US 27 SOUTH  
LAKE PLACID, FL 33852

**Current Mailing Address:**

518 US 27 SOUTH  
PO BOX 1185  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 59-1727608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIDER, MICHAEL A.  
13 N OAK AVE  
LAKE PLACID, FL 33852 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: COMPTON, HOSMER L.,  
Address: 65 COLE DANLEY DRIVE  
City-St-Zip: LAKE PLACID FL,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HOSMER L. COMPTON

PSD

01/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date