2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001192

1. Entity Name
COMPTON ENGINEERING, INC.

Principal Place of Business	Mailing Address
1706 CONVENT AVENUE PASCAGOULA, MS 39568-0686	P.O. BOX 686 PASCAGOULA, MS 39567

03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0657263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	COMPTON, L.DAVID
STREET ADDRESS	P.O. BOX 686
CITY-ST-ZIP	PASCAGOULA, MS 395680686
TITLE	VC
NAME	MASTERS, AARON E
STREET ADDRESS	P.O. BOX 686
CITY-ST-ZIP	PASCAGOULA, MS 395680686
TITLE	D
NAME	CLEMENS, GEOFFREY F
STREET ADDRESS	P.O. BOX 2795
CITY-ST-ZIP	BAY ST. LOUIS, MS 395212795
TITLE	D
NAME	OIVANKI, STEPHEN M
STREET ADDRESS	156 NIXON STREET
CITY-ST-ZIP	BILOXI, MS 39530
TITLE	ST
NAME	PETTIS, D. RENEE
STREET ADDRESS	P.O. BOX 686
CITY-ST-ZIP	PASCAGOULA, MS 395680686
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: L. David Compton 3/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #