2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# F05000001192

Entity Name: COMPTON ENGINEERING, INC.

Current Principal Place of Business:

1706 CONVENT AVENUE
PASCAGOULA, MS 39567

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 686
PASCAGOULA, MS 39568

New Mailing Address:

FEI Number: 64-0657263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: P ( ) Delete
Name: COMPTON, L.DAVID
Address: P.O. BOX 686
City-St-Zip: PASCAGOULA, MS 39568

Title: VP ( ) Delete
Name: MASTERS, AARON E
Address: P.O. BOX 686
City-St-Zip: PASCAGOULA, MS 39568

Title: SVP ( ) Delete
Name: CLEMENS, GEOFFREY F
Address: P.O. BOX 2795
City-St-Zip: BAY ST. LOUIS, MS 39521

Title: ST ( ) Delete
Name: PETTIS, D. RENEE
Address: P.O. BOX 686
City-St-Zip: PASCAGOULA, MS 39568

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARTHA C MOSS CPA 03/09/2009

Electronic Signature of Signing Officer or Director — Date