

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G09503

1. Entity Name
CROMPTON CONSTRUCTION COMPANY



Principal Place of Business
**% THOMAS R. CROMPTON
9769 SOUTH DIXIE HWY., SUITE 203
MIAMI, FL 33156**

Mailing Address
**% THOMAS R. CROMPTON
9769 SOUTH DIXIE HWY., SUITE 203
MIAMI, FL 33156**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2236737

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROMPTON, THOMAS R.
9769 SOUTH DIXIE HWY., SUITE 203
MIAMI, FL 33156**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **CROMPTON, THOMAS R**
STREET ADDRESS **9880 W SUBURBAN DR**
CITY-ST-ZIP **MIAMI, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000002427
01/13/04-80012-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: TH Crompton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04 305-665-6296
Date Daytime Phone #