

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90094 047 ***150.00

DOCUMENT # P00000093396

1. Entity Name
J. CROMPTON ELECTRIC, INC.



Principal Place of Business
1799 7TH AVE N.
PALM SPRINGS, FL 33461

Mailing Address
1799 7TH AVE N.
PALM SPRINGS, FL 33461

40022834



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1043576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CROMPTON, JONATHAN M
312 E LAKE ROAD
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7601 W Lake Drive

City West Palm Beach

FL

Zip Code 33406

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME CROMPTON, JONATHAN M
STREET ADDRESS 312 E LAKE RD
CITY-ST-ZIP LAKE WORTH, FL 33461 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7601 W. Lake Drive
CITY-ST-ZIP West Palm Beach, FL 33406

TITLE VS
NAME CROMPTON, ELIZABETH
STREET ADDRESS 312 E LAKE RD
CITY-ST-ZIP LAKE WORTH, FL 33461 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7601 W. Lake Drive
CITY-ST-ZIP West Palm Beach, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-06