

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000119943

1. Entity Name

ARNOLD E. THOMPSON ELECTRIC, INC.



Principal Place of Business

1307 NW 8TH CT
BOYNTON BEACH FL 33426

Mailing Address

1307 NW 8TH CT
BOYNTON BEACH FL 33426



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034

City & State

City & State

4. FEI Number

20-0403173

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered

DEAN, HENRY CPA
DEL IDA PARK PROFESSIONAL DIST.
251 N E DIXIE BLVD
DELRAY BEACH FL 33444

Name

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

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature typed in printer's name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when removing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Finance
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
THOMPSON, NINA L
1307 NW 8TH CT.
BOYNTON BEACH FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
THOMPSON, ARNOLD E
1307 NW 8TH CT
BOYNTON BEACH FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
THOMPSON, JEFFREY A
1307 NW 8TH CT
BOYNTON BEACH FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
UN00000485435
04/12/06-80083-0

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information in 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 a duly authorized 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 the report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nina L Thompson* NINA L Thompson (Pres) 3/28/06 561