

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90050 017 ***150.00

DOCUMENT # P03000156677

1. Entity Name

THOMPSON ELECTRIC SERVICE, INC.



Principal Place of Business

5200 CHESTNUT RD
MOLINO FL 32577

Mailing Address

5200 CHESTNUT RD
MOLINO FL 32577

2. Principal Place of Business - No P.O. Box #

5200 CHESTNUT ROAD

Suite, Apt. #, etc.

3. Mailing Address

5200 CHESTNUT ROAD

Suite, Apt. #, etc.

City & State

MOLINO, FL

City & State

MOLINO, FL

Zip

32577

Country

ESCAMBIA

Zip

32577

Country

ESCAMBIA

4. FEI Number

61-1464098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURT THOMPSON, ANOTHY
7460 LEANDRA'S LN
MC DAVID FL 32568

7. Name and Address of New Registered Agent

Name

ANTHONY BURT THOMPSON

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

7460 LEANDRA'S LANE

City

WALNUT HILL

FL

Zip Code

32568

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

ANTHONY BURT THOMPSON

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

(NOTE: Registered Agent signature required when reinstating)

FEBRUARY 5, 2007

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, ALEXANDER	
STREET ADDRESS	5200 CHESTNUT RD	
CITY - ST - ZIP	MOLINO FL 32577	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, FAYE	
STREET ADDRESS	5200 CHESTNUT RD	
CITY - ST - ZIP	MOLINO FL 32577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 statement 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:

Alexander B Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 5, 2007

Date

Daytime Phone #