


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000050055

1. Entity Name
 TOMPKINS & SON, INC.



Principal Place of Business
 3040 LUKAS LANE
 EDGEWATER, FL 32132

Mailing Address
 3040 LUKAS LANE
 EDGEWATER, FL 32132



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-0971404 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TOMPKINS, DONALD
 3040 LUKAS LANE
 EDGEWATER, FL 32132

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMPKINS, DONALD 3040 LUKAS LANE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMPKINS, REDDY 3040 LUKAS LANE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOMPKINS, CINDY 3040 LUKAS LANE EDGEWATER, FL 32132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/06-80156-010 150.00

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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 filers empowered.

SIGNATURE: Donald Tompkins 4-13-06 386 6960
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #