

# 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**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TOMPKINS, DONALD  
STREET ADDRESS 3040 LUKAS LANE  
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE VD  
NAME TOMPKINS, REDDY  
STREET ADDRESS 3040 LUKAS LANE  
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE STD  
NAME TOMPKINS, CINDY  
STREET ADDRESS 3040 LUKAS LANE  
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

U00000514076  
04/29/06-80156-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06 386 6900  
Date Daytime Phone #