

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #
3040 Lukas Lane
Suite, Apt. #, etc.

3. Mailing Address
3040 Lukas Lane
Suite, Apt. #, etc.

City & State
Edgewater FL 32132
Zip
32132
Country
Volusia

City & State
Edgewater FL
Zip
32132
Country
Volusia

05062010 Chg-P CR2E034 (11/08)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300180572543
CITY- ST- ZIP 05/07/10--01034--006 **150.00

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

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

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NAME
STREET ADDRESS
CITY- ST- ZIP

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

Donald Tompkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-2010

Date

Daytime Phone #

FILED
10 MAY 17 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



51720