

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90050 009 \*\*\*150.00

**DOCUMENT # P04000155943**

1. Entity Name

COMPTRONICS.COM,INC.



Principal Place of Business

2022 BLUESTEM CIRCLE NE  
PALM BAY FL 32905  
US

Mailing Address

2022 BLUESTEM CIRCLE NE  
PALM BAY FL 32905  
US

**50012592**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2022 Bluestem Cir NE

Suite, Apt. #, etc.

3. Mailing Address

2022 Bluestem Cir NE

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32905

Country

US

City & State

Palm Bay FL

Zip

32905

Country

US

4. FEI Number

65-1236400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, PENNY  
2022 BLUESTEM CIR NE  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

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

2022 Bluestem Cir NE

City Palm Bay

FL

Zip Code

32905

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 P ☐ Delete  
NAME THOMPSON, STEVE G  
STREET ADDRESS 2022 BLUESTEM CIR NE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE VP ☐ Delete  
NAME THOMPSON, PENNY  
STREET ADDRESS 2022 BLUESTEM CIR NE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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 exemption stated in Section 119.07(3)(i), 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

Penny Thompson

Penny Thompson

2/3/05

321-733-8878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #