

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 006 \*\*\*150.00

<b>DOCUMENT # P05000162733</b> 1. Entity Name <b>BRAD TOMPKINS PAINTING, INC.</b>																																																																																																																	
Principal Place of Business <b>2233 DORDON DRIVE MELBOURNE FL 32935</b>			Mailing Address <b>2233 DORDON DRIVE MELBOURNE FL 32935</b>																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		Zip																																																																																																													
Country		Country		4. FEI Number <b>20-4004165</b>																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent <b>TOMPKINS, BRADLEY M 2233 DORDON DRIVE MELBOURNE FL 32935</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																													
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 voluntary) <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">TOMPKINS, BRADLEY M</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">2233 DORDON DRIVE</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%;">MELBOURNE FL 32935</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;"></td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;"></td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%;"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	TOMPKINS, BRADLEY M	STREET ADDRESS	2233 DORDON DRIVE	CITY - ST - ZIP	MELBOURNE FL 32935	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		TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		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		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		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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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 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.																																																																																																																	
<b>SIGNATURE:</b> <div style="float: right; text-align: right;"> <b>3/6/06</b>    <b>321-259-5834</b>  <small>Date                      Daytime Phone #</small> </div>																																																																																																																	