## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 09, 2007 8:00 am Secretary of State

| DOCUMENT # P06000111901  1. Entity Name COMPTON, KANE & ASSOCIATES, INC. |   |  |                |                            |                        | 07-09-2007               | 90051 00      | 5 ***1 <i>5</i>       | 0.00                      |
|--|---|--|----------------|----------------------------|------------------------|--------------------------|---------------|-----------------------|---------------------------|
| Principal Plac<br>231 S. FLOR<br>LAKELAND, F                             | IDA AVENUE  | Mailing Address 231 S. FLORIDA AVENUE LAKELAND, FL 33801 |                |                            |                        |                          |               | 11001 (6 <b>180</b> 1 |                           |
| 2. Principal Place of Business - No P.O. Box #                           |   | 3. Mailing Address                                       |                |                            |                        |                          |               |                       |                           |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                      |                | 07032007                   | Chg-P                  | CR2E03                   | 4 (12/06)     |                       |                           |
| City & State   |   | City & State   |                |                            | 4. FEI Number          | -00160                   | ·             | <u> </u>              | plied For<br>t Applicable |
| Zip  | Country   | Country Zip Cou  |                | itry                       | 5. Certificate of      | 590169<br>Status Desired |               | 8.75 Add              | litional                  |
|  | 6. Name and Address of Current                                    | Registered Agent   |                | ,                          | 7. Name and A          | ddress of New R          | egistered Ag  | ent                   |                           |
| WILSON, KERRY M  |   |  |                | Name                       | (D.O. B N)             |                          |               |                       |                           |
| 141 5TH STREET, N.W.<br>WINTER HAVEN, FL 33881                           |   |  |                | Street Address (           | (P.O. Box Number       | is Not Acceptable        |               |                       |                           |
|  |   |  |                | City                       |                        |                          | FL            | Zip Code              | 3                         |
| 8. The above the obligat   | named entity submits this statement for ions of registered agent. | or the purpose of changing it                            | ts register    | L<br>ed office or register | red agent, or both     | in the State of Flo      | orida. Lam fa | miliar with,          | and accept                |
| SIGNATURE  | Signature, Iyoed or printed name of registered agent              | and title if applicable (NC                              | OTF. Registers | d Agent signature required | d when reinstating)    |                          | DATE          |                       |                           |
|  | LE NOW!!! FEE IS \$550.00<br>ue by September 14, 2007             | 9. Election Camp<br>Trust Fund Cor                       | aign Finar     | ncing\$5                   | .00 May Be ded to Fees |                          |               | <del></del> .         | *****                     |
| 10.  | OFFICERS AND  | DIRECTORS  | 11.            |                            | ADDITIONS/C            | HANGES TO OFF            | ICERS AND D   | DIRECTORS             | 3 IN 11                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | - 1 1 2 -1 22042  |  |                |                            |                        |                          |               | Change                | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | VP James L Kane  2301 Nevada Rd                                   |  |                |                            |                        |                          | [             | Change                | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | Lakeland,Fl   | Delete   |                |                            |                        |                          | [             | Change                | ☐ Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |   | □ Delete<br>∴  |                | 1                          |                        |                          | {             | □ Change              | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |   | ☐ Delete   |                |                            |                        |                          | (             | Change                | Addition                  |
| NAME STREET ADDRESS CITY-ST-ZIP  | outiful that the inferred   | □ Delete   | CITY           | EET ADDRESS<br>- ST-ZIP    | d a Charte 112         |                          |               | Change                | Addition                  |
| iz incient (   | certify that the information supplied with                        | runs many does not quality.                              | ioi ine ex     | emplions contained         | a in Griapter (119,    | nonda Statutes. I        | numer certify | r inai ine ir         | normation                 |

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 attachinent with an address with all other like empowered.

SIGNATURE:

## ATTACHMENT

COMPTON, KANE & ASSOCIATES, INC.

231 S. FLORIDA AVE. LAKELAND, FL 33801

July 3, 2007

Florida Department of State Division of Corporations P.O. Box 8700 Tallahassee, FL 32314

Re: 2007 Uniform Business Report Reinstatement

## Gentlemen:

In reference to the 2007 Annual Report please find enclosed a check for reinstatement fee in the amount of \$150.00. Please be advised that we never received the original report or the subsequent notices.

Please send me confirmation of this reinstatement. Thank you for your assistance.

Sincerely

Kenneth H. Compton