

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054410

Entity Name: D.B. TOMPKINS, INC.

FILED  
Sep 06, 2005  
Secretary of State

## Current Principal Place of Business:

10017 103RD ST  
JACKSONVILLE, FL 32210 US

## New Principal Place of Business:

## Current Mailing Address:

10017 103RD ST  
JACKSONVILLE, FL 32210 US

## New Mailing Address:

2348 BRIDGETTE WAY  
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 59-3200768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLD, KATHLEEN H  
ONE INDEPENDENT SQUARE  
SUITE 2301  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TOMPKINS, DONNA B  
Address: 10017 103RD STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete  
Name: VEGA, TAMARA M  
Address: 2067 HOVINGTON CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S ( ) Delete  
Name: BROWN, BETTY M  
Address: 4803 MAGILL RD.  
City-St-Zip: JACKSONVILLE, FL 32219

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TOMPKINS, DONNA B  
Address: 2348 BRIDGETTE WAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: V (X) Change ( ) Addition  
Name: VEGA, TAMARA M  
Address: 14539 NW 11TH PLACE  
City-St-Zip: NEWBERRY, FL 32669 US

Title: S (X) Change ( ) Addition  
Name: BROWN, BETTY M  
Address: 4803 MAGILL RD.  
City-St-Zip: JACKSONVILLE, FL 32219 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA B. TOMPKINS

P

09/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date