

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90057 017 \*\*\*150.00

**DOCUMENT # P94000038752**

1. Entity Name  
**TOMPKINS PRODUCTIONS, INC.**



Principal Place of Business Mailing Address  
**88 NELKIN RD 88 NELKIN RD**  
**COLCHESTER CT 06415 COLCHESTER CT 06415**

6400000



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **06-1404561**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM B. TOMPKINS**  
**4964 NW 152ND. LANE**  
**REDDICK FL 32686**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMPKINS, WILLIAM B	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOMPKINS, JEANNETTE	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOMPKINS, WILLIAM B	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOMPKINS, JEANNETTE	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** William B Tompkins **WILLIAM B TOMPKINS** 3/29/04 860-537-2403  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #