


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90006 031 ***150.00

DOCUMENT # 416573			
1. Entity Name LAUGHLEN ELECTRIC, INC.			
Principal Place of Business 13655 PINECREST DR. LARGO, FL 33774-4129 US		Mailing Address 13655 PINECREST DRIVE LARGO, FL 33774 US	
2. Principal Place of Business		3. Mailing Address <i>13655 PINECREST DR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>LARGO FL.</i>	
Zip	Country	Zip <i>33774</i>	Country <i>US.</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONASSEN, WM S 10785 ULMERTON RD LARGO, FL 33774		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHLEN, DONALD C.	NAME	
STREET ADDRESS	13655 PINECREST DR.	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL.,	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHLEN, PATRICIA E.	NAME	
STREET ADDRESS	13655 PINECREST DR.	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL.,	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHLEN, GLEN DOUGLAS	NAME	
STREET ADDRESS	13655 PINECREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
SIGNATURE: <i>Patricia J. Laughlen</i>		Date: <i>4/04/06</i>	Daytime Phone #: <i>727. 595-0204</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			