


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 529570
 1. Entity Name
F & L ELECTRIC COMPANY, INC.



Principal Place of Business 110 W SHELLPOINT RD. PO BOX 1957 RUSKIN, FL 33570	Mailing Address P.O. BOX 1957 RUSKIN, FL 33575
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1736056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FOUTS, CHARLES
 1407 DEIRDRE DR
 RUSKIN, FL 33570**

DO NOT WRITE IN THIS SPACE

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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000465711
 03/22/16-80047-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUTS, CHARLES 1407 DEIRDRE DRIVE RUSKIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYNCH, TERRY 11126 VILLAS ON THE GREEN RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNCH, JACQUELINE 11126 VILLAS ON THE GREEN RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOUTS, KIM 1407 DEIRDRE DR. RUSKIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 I am empowered.

SIGNATURE: Charles L. Fouts _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR