## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06000006340

1. Entity Name
DAYTONA BEACH ELECTRICAL JOINT



Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90254 034 \*\*\*\*70.00

**FILED** 

APPRENTICESHIP AND TRAINING COMMITTEE, INC.									
790 COMMONWEALTH BLVD.		Mailing Address 790 COMMONWEALTH BLVD. PORT ORANGE, FL 32129							
		_							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		01042007 Ch	ng-NP CR2E	E037 (12/06)			
City & State		City & State		4. FEI Number	716698	<del> </del>	plied For		
Zip	Country	Zip	Countr	у	5. Certificate of Str	_/	\$8.75 Add	titional	
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Registere			
JARVIS, C. SCOTT				Name					
790 COM	MONWEALTH BLVD. ANGE, FL 32129		Street Address (			Not Acceptable)			
			[	City		F	L Zip Code	е	
8. The above named entity submits this statement for the purpose of changing its registered of					red agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
the obligations of registered agent.									
SIGNATURE 1-4-07									
Signature, typed or printed name of required agent and title if applicable. (NOTE: Registered Agent signature required when remastring)  DATE									
Filing Fee is \$61.25 Due by May 1, 2007		9 Floring Con	9. Election Campaign Financing Trust Fund Contribution.		_				
					\$5.00 May Be Added to Fees		eck payable to partment of St		
10.	Due by May 1, 2007 OFFICERS AND DIF	Trust Fund C			Added to Fees		partment of SI	tate	
TITLE	OFFICERS AND DIF	Trust Fund C	11.	CD	Added to Fees ADDITIONS/CHANGE	Florida Dep ES TO OFFICERS AND	partment of SI	tate	
	Due by May 1, 2007 OFFICERS AND DIF	Trust Fund C	Contribution 11.	CD	Added to Fees ADDITIONS/CHANGE	Florida Dep ES TO OFFICERS AND	DIRECTORS IN	tate	
TITLE NAME	OFFICERS AND DIF SD EATON, CLIFF	Trust Fund C	11. TITLE NAME	CD EAT	Added to Fees	Florida Dep	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D	Trust Fund C	11. TITLE NAME STREET / CITY-ST	CD EAT	Added to Fees  ADDITIONS/CHANGE  FON, CLIFF  NORTH	Florida Dep	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32796	Trust Fund C	11. TITLE NAME STREET / CITY-ST	DORESS 218	Added to Fees  ADDITIONS/CHANGE  FON, CLIFF  NORTH	Florida Dep	DIRECTORS IN Change	110 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D WILLIAMS, STEVE	Trust Fund C	11. TITLE NAME STREET / CITY-ST TITLE NAME	DORESS CD EAT 218 TIT	Added to Fees  ADDITIONS/CHANGE  FON, CLIFF  NORTH	Florida Dep	DIRECTORS IN Change	110 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF  SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32796 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128 D	Trust Fund C	11. TITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI TITLE	DORESS -ZIP	Added to Fees ADDITIONS/CHANGE TOW, CLIFF 9 NORTH U	Florida Dep ES TO OFFICERS AND A.S. # 1 T) 32796	DIRECTORS IN Change	110 Addition	
THILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIF  SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32796 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128	Trust Fund C	11. TITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI TITLE NAME NAME NAME	DORESS -ZIP	Added to Fees ADDITIONS/CHANGE TOW, CLIFF 9 NORTH U	Florida Dep ES TO OFFICERS AND A.S. # 1 T) 32796	DIRECTORS IN Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128 D SCHOLZ, TYLER	Trust Fund C	11. TITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI TITLE	DODRESS -ZIP DOCRESS -ZIP DOCRESS -ZIP DOCRESS -ZIP	Added to Fees  ADDITIONS/CHANGE  FON, CLIFF  NORTH	Florida Dep ES TO OFFICERS AND A.S.# I F) 32796	DIRECTORS IN Change	Addition Addition	
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THLE NAME STREET ADDRESS CITY-ST-ZIP  THLE NAME	OFFICERS AND DIE SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128 D SCHOLZ, TYLER PO. BOX 214176 SOUTH DAYTONA, FL 32121 CD EMERY, DAVID	Trust Fund C	TITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI TITLE NAME STREET / TITLE NAME STREET / CITY-SI TITLE NAME	DORESS JOIG ORAL	Added to Fees  ADDITIONS/CHANGE  TOW, CLIFF  9 NORTH U  WSVILLE F  RIS, SELINA  CALLE GAAN  TOWN FL32  RY, DAVID	Florida Dep ES TO OFFICERS AND A.S.# I F) 32796	DIRECTORS IN Change  Change	Addition  Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIE SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128 D SCHOLZ, TYLER PO. BOX 214176 SOUTH DAYTONA, FL 32121 CD EMERY, DAVID P.O. BOX 978 BUNNELL, FL 32110 D	Trust Fund C	TITLE NAME STREET / CITY-ST TITLE NAME STREET / TITLE NAME STREET / TITLE NAME STREET / TITLE	DODRESS -ZIP DOCRESS -ZIP DOCRE	Added to Fees  ADDITIONS/CHANGE  TOWN, CLIFF  9 NORTH U  WSULLE F  RIS, SELINA  CALLE GAAN  TOWN FL32  RY, DAVID BOX 978	Florida Dep ES TO OFFICERS AND A.S.# I F) 32796	DIRECTORS IN Change  Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128 D SCHOLZ, TYLER PO. BOX 214176 SOUTH DAYTONA, FL 32121 CD EMERY, DAVID P.O. BOX 978 BUNNELL, FL 32110 D COBB, TY	Trust Fund C	TILE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	DORESS JOIG ORACS P.O.T. P. D. T.	Added to Fees  ADDITIONS/CHANGE  TOWN, CLIFF  9 NORTH U  WSULLE F  RIS, SELINA  CALLE GAAN  TOWN FL32  RY, DAVID BOX 978	Florida Dep ES TO OFFICERS AND A.S.# I F) 32796	DIRECTORS IN Change  Change  Change	Addition  Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128 D SCHOLZ, TYLER PO. BOX 214176 SOUTH DAYTONA, FL 32121 CD EMERY, DAVID P.O. BOX 978 BUNNELL, FL 32110 D COBB, TY P.O. BOX 238285 PORT ORANGE, FL 32123 D	Trust Fund C	TILE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	DORESS -ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP SD	Added to Fees  ADDITIONS/CHANGE  TOWN, CLIFF  9 NORTH U  WSULLS F  RIS, SELIMA  CALLE GRAN  TOWN FL32  RY, DAVID BOX 978  PHELL FL	Florida Dep ES TO OFFICERS AND A.S.# I F) 32796	DIRECTORS IN Change  Change  Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF SD EATON, CLIFF 2189 NORTH U.S. #1 TITUSVILLE, FL 32798 D WILLIAMS, STEVE 5901 S. WILLIAMSON BLVD PORT ORANGE, FL 32128 D SCHOLZ, TYLER PO. BOX 214176 SOUTH DAYTONA, FL 32121 CD EMERY, DAVID P.O. BOX 978 BUNNELL, FL 32110 D COBB, TY P.O. BOX 238285 PORT ORANGE, FL 32123 D OVERSTREET, BYRON	Trust Fund C	TITLE NAME STREET / CITY-ST	DORESS ORAL DOREST ORAL DORESS ORAL DOREST ORAL DORESS ORAL DOREST ORAL DORESS ORAL DOREST ORAL DORESS ORAL DOREST	Added to Fees  ADDITIONS/CHANGE  FOA, CLIFF  9 NORTH U  NSVILLE F  RIS, SELINA  CALLE GRAN  10ND FL33  RY, DAVID  BOX 978  SHELL FL  RETREET, BY	Florida Dep ES TO OFFICERS AND A.S.#1 T) 32796	DIRECTORS IN Change  Change  Change	Addition  Addition  Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this report or supplier@hial report is true and acquiage 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 truspec embowered to execute a sequired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with singleddress, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07

Davtme Phone #