2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR POINTED NAME OF SIGN

FILED DOCUMENT # P99000111070 Mar 02, 2006 08:00 AN 1. Entity Name **Secretary of State** A"& D ELECTRIC MOTOR & PUMP REPAIR, INC. Mailing Address Priricipal Place of Business 140 O'BRIEN ROAD 140 O'BRIEN ROAD FERN PARK FL 32730-2806 FERN PARK FL 32730-2806 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3643464 Not Applicable Ζip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARLING, JAMES Street Address (P.O. Box Number is Not Acceptable) 140 O'BRIEN ROAD FERN PARK FL 32730-2806 City 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TITLE ☐ Delete NAME NAME DARLING, JAMES IJDBDDD0452818 STREET ADDRESS STREET ADDRESS 5320 BANANA AVENUE 03/13/06-80015-007 150.00 CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32926** ☐ Addition ☐ Delete Change TITLE NAME DARLING, JENNETTE STREET ADDRESS STREET ADDRESS 5320 BANANA AVE CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP Change Addition ☐ Delete TITLE THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additi ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP City-ST-7P Change Additi. TITLE ☐ Delete TITLE MAME 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 Section 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 path, 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.