2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # 170555 1. Entity Name					Jan 27, 2006 08:00 AM Secretary of State
WILLIERS ELECTRIC COMPANY					V
Principal Place of Business 3711 INMAN AVENUE TAMPA FL 33609		Mailing Address 3711 INMAN AVENUE TAMPA FL 33609			
2. Principal Place of Business		3. Mailing Address			(FERIEL (IBIL) IBELL BEIGL BILLE) BILLE BILL BIBLL BI
Suite, Apt. #, etc.		Suite, Apt. #, etc			tst MOORE CR2E034 (10/05)
City & State		City & State			4. FEI Number 59-0683211 Applied For Not Applied For
Zip	Country	Zrp	Country		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent)	7. Name and Address of New Registered Agent
WILLIERS A.R. JR					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 Signature, typed or printed name of registered agent and life (i applicable (NOTE Registered Agent signature required when reinstating).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State) 		9. Election Campaign Financing \$5.00 May B. Trust Fund Contribution Added to Fees
to.	OFFICERS AND	DIRECTORS Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	WILLIERS, A. R., JR. 5104 SAN JOSE ST TAMPA FL	Derete	NAME STREET ADDRES CITY-ST-ZIP	S	U00000406282□ Change □ A4.555 02/07/06-80081-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIERS, MARTHA D 5104 SAN JOSE ST TAMPA FL	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	☐ Change ☐ Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	☐ Change ☐ Addition
TITUE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRES	GS	☐ Change ☐ Arthitic
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE, NAME STREET ADDRES CITY-ST-ZIP	SS	☐ Change ☐ A:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRES CITY-ST-ZIP	35	☐ Change ☐ AddSiii
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 oath, that I am an officer or direction 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.					

FILED

1/24/06 818-876-8065