2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 309571

1. Entity Name
CURREN ELECTRIC COMPANY

Principal Place of Business	Mailing Address
3859 N. HWY 441	3859 N. HWY 441
OKEECHOBEE, FL 34972	OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

05242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1154409	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURREN, WILLIAM S
3859 HWY 441 NORTH
OKEECHOBEE, FL 34972

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 _William S. Curren   William S. Curren   Pres/CEO_   _7/14/06_

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

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	CURREN, SABA R
STREET ADDRESS	3859 HWY 441 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	PD
NAME	CURREN, WILLIAM S
STREET ADDRESS	3859 HWY 441 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	ST
NAME	CURREN, SUSAN
STREET ADDRESS	3859 HWY 441 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE: _William S. Curren   William S. Curren_   _7/14/06_   _863-763-3189_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #