

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 320381

1. Entity Name
 ALL FLORIDA ELECTRIC COMPANY INC



Principal Place of Business
 2606 NE 17TH TER
 GAINESVILLE, FL 32609 US

Mailing Address
 2606 NE 17TH TER
 GAINESVILLE, FL 32609 US



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 59-1199423 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GEORGE
 2606 NE 17TH TER
 GAINESVILLE, FL 32609

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

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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE V
 NAME GENTRY, MICHAEL R
 STREET ADDRESS 19836 NW 215TH TERRACE
 CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE ST
 NAME SMITH, SHARON A
 STREET ADDRESS 14971 NE 145TH AVE.
 CITY-ST-ZIP WALDO, FL 32694

TITLE P
 NAME SMITH, GEORGE E
 STREET ADDRESS 2606 NE 17TH TER
 CITY-ST-ZIP GAINESVILLE, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1100000434638
 02/25/06-80010-003 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 3, 2006 352-378-6014