

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90107 018 \*\*\*150.00

**DOCUMENT # 409549**

1. Entity Name

A.M. ELECTRIC OF VENICE, INC.



Principal Place of Business

160 RICH RD.  
VENICE FL 34292  
US

Mailing Address

160 RICH RD  
VENICE FL 34292  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1413539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INGER, M. DAVID  
160 RICH RD  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

Street Address (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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	CEO	<input type="checkbox"/> Delete
STREET ADDRESS	INGER, ALBERT J.	
CITY- ST- ZIP	112 BAYVIEW DRIVE NOKOMIS FL	
NAME	SD	<input type="checkbox"/> Delete
STREET ADDRESS	INGER, MERLE D.	
CITY- ST- ZIP	112 BAYVIEW DRIVE NOKOMIS FL	
NAME	PD	<input type="checkbox"/> Delete
STREET ADDRESS	INGER, M. DAVID	
CITY- ST- ZIP	1674 OVERBROOK RD ENGLEWOOD FL 34223	
NAME	VD	<input type="checkbox"/> Delete
STREET ADDRESS	MAYES, JOHN A.	
CITY- ST- ZIP	319 BLUEBELL RD VENICE FL 34293	
NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	SULATY, MARCIA J	
CITY- ST- ZIP	20 LAUREL RD LAUREL FL	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4061 Pompano Rd.
CITY- ST- ZIP	Venice, FL 34293
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	433 Briarwood Rd
CITY- ST- ZIP	Venice, FL 34293
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 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:** *Marcia J. Sulaty* *MARCIA J. SULATY* *1/31/07* *941 488 6602*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #